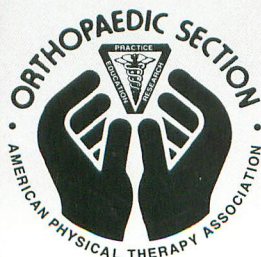


Vol. 8, No. 4

Fall 1996

Orthopaedic Physical Therapy Practice



AN OFFICIAL PUBLICATION OF THE ORTHOPAEDIC SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION

ORTHOPAEDIC PHYSICAL THERAPY
HOME STUDY COURSE 97-1

TOPIC: THE HIP AND SACROILIAC JOINT

Course Length: 6 Sessions January - June 1997

Level: Various

Subject Code: Orthopaedics (12)

PROPOSED AUTHORS & TOPICS:

Anatomy & Biomechanics of the Hip and Sacroiliac Joint - Tom Mayhew, PhD, PT
Degenerative Conditions & Diseases of the Hip & SI Joint - Paul Beattie, PhD, PT, OCS
Total Hip Arthroplasty & Rehabilitation - Brian Evans, MD
Pediatric Conditions & Diseases of the Hip & SI Joint- Cheryl Patrick, PT
Evaluation & Treatment of the Hip & SI Joint from a Manual Therapy Perspective - Jeff Ellis, PT
Prescriptive Exercises for the Hip & SI Joint - Jeff Ellis, PT & Robert Spagnoli

EDUCATIONAL CREDIT

30 contact hours. A certificate of completion will be awarded to participants after successfully completing the final exam. Only the registrant named will obtain the CEUs. No exceptions will be made. ATC Approved - APTA Approved Provider.

REGISTRATION FEES

By November 29, 1996 - After early-bird registration, add \$50 to registration fee.

\$150 Orthopaedic Section Members

\$225 APTA Members

\$300 Non-APTA Members

Special dicounted rates are available for institutions with multiple registrants. Please call the Section office for complete information.

*If notification of cancellation is received in writing prior to the course, the registration fee will be refunded, less a 20% administrative fee. Absolutely no refund will be given after the start of the course.

EDITOR

Carolyn Wadsworth, MS, PT, CHT, OCS

ADDITIONAL QUESTIONS

Orthopaedic Section, APTA 1-800-444-3982

REGISTRATION FORM

ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE 97-1

Name: _____

Mailing Address: _____

State: _____

Zip: _____

City: _____

Daytime Telephone: _____

APTA #: _____

For clarity, please enclose a business card. Make check payable to: **Orthopaedic Section, APTA.**

Please check:

Orthopaedic Section Member

APTA Member

Non-APTA Member

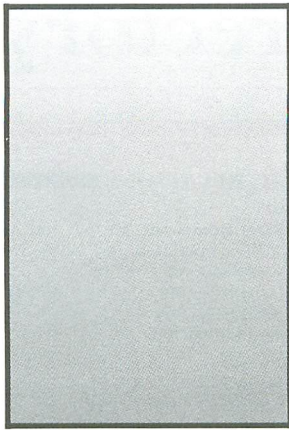
I wish to become an Orthopaedic
Section Member (\$50) and take
advantage of the member rate.

FAX registration & Visa or MasterCard number to 608-788-3965

Exp.: _____

Signature: _____

Mail check and registration to:
Orthopaedic Section, APTA, 2920 East Avenue South
La Crosse, WI 54601



Orthopaedic Physical Therapy Practice

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PUBLICATION STAFF

EDITOR

Jonathan M. Cooperman, MS, PT, JD

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Orthopaedic Section Directory

OFFICERS

President/Section Delegate:

Bill Boissonnault, MS, PT
7420 Kenyon Dr.
Middleton, WI 53562
(608) 265-3341 (Office)
(608) 263-6574 (FAX)
wg.boissonnault@hosp.wisc.edu
Term: 1995-1998

Vice-President:

Nancy White, MS, PT
2946 Sleepy Hollow Rd., Suite B
Falls Church, VA 22044
(703) 241-5536 (Office)
(703) 536-7915 (FAX)
Term: 1995-1998

Treasurer:

Dorothy Santi, PT
Rocky Mountain Physical Therapy
441 Wadsworth Blvd.
Lakewood, CO 80226
(303) 237-7715 (Office)
(303) 237-1157 (FAX)
Term: 1996-1999

Directors:

Michael Cibulka, MS, PT, OCS
5818 Marronnet Ct.
St. Louis, MO 63128
(314) 937-7677 (Office)
(314) 464-8808 (FAX)
cibulka.mt@internetmci.com
Term: 1994-1997

Elaine Rosen, MS, PT, OCS
Queens Physical Therapy Assoc.
69-40 108th St.
Forest Hills, NY 11375
(718) 544-5730
(718) 544-0414 (FAX)
Term: 1996-1999

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La Crosse, WI 54601

(800) 444-3982 (Office)

(608) 788-3965 (FAX)

orthostaff@centuryinter.net

EDUCATION PROGRAM

Chair:

Lola Rosenbaum, PT, OCS
Physical Therapy Services
1847 Commodore Point Drive
Orange Park, FL 32073
(904) 269-5638
(904) 269-0108 (FAX)
Loro123@aol.com

Members:

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ORTHOPAEDIC PHYSICAL THERAPY PRACTICE

Editor:

Jonathan M. Cooperman, MS, PT, JD
Rehabilitation & Health Center, Inc.
3975 Embassy Pkwy
Akron, OH 44333
(330) 668-4080 (Office)
(330) 665-1830 (FAX)
coopermanj.aol.com
Term: 1995-1998

Managing Editor:

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(See Executive Personnel)

RESEARCH

Chair:

Dan Riddle, MS, PT
Department of Physical Therapy
Virginia Commonwealth Univ.
Box 224, MCV Station
Richmond, VA 23298
(804) 828-0234 (Office)
(804) 828-8111 (FAX)
driddle@gems.vcu.edu
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(540) 342-3506 (FAX)
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Debra A. Durham
S114 Westlawn
University of Iowa
Iowa City, IA 52242
(319) 335-8406 (Office)
(319) 335-6500 (FAX)

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EDITOR'S NOTE

Sex Education

Ed. note: With snappy, attention grabbing headers like this one, perhaps I should be writing an editorial for Hallmark.

As I've mentioned before, my background in our profession is decidedly clinical, having worked at seeing patients full-time for almost eighteen years. In the past few years, however, my interests have turned toward legal issues, ethics, and professional responsibility. I derive great pleasure from lecturing about these subjects, and so my appointment to the APTA's Judicial Committee seemed to come at the right time in my career. I must admit though, that I was surprised by what I found when I got to the Judicial Committee Meetings. Many of the complaints of violations of the Association's Code of Ethics that come before the committee allege conduct that, if proven, would constitute sexual misconduct or sexual harassment. It is truly disconcerting to read files that detail accounts of inappropriate conduct by physical therapists.

There are a great number of lessons left to be learned, especially in a profession that prides itself on touching patients. Therapists need to be aware of these issues, to practice good risk management, and to educate their entire staff regarding appropriate "handling" of patients. My own practice displays the casual atmosphere of a group of young people that have worked together for some time and feel comfortable around each other. We, in fact, need to be extra careful as this type of familiarity can lead to comments among staff that do not offend us, but could indeed offend patients and visitors.

Not that physical therapists are the only ones still climbing on the learning curve. Only last week, I heard about a woman who filed a sexual harassment complaint against a male physician, because he called her "sweetie" during a physical examination.

This type of complaint angers me because it serves to lessen the impact of the meritorious claims. In trying to be aware, the woman had gone too far, and could cause the physician significant problems.

Complaints of sexual harassment are serious stuff and could potentially destroy your professional career. I often use Bob Packwood, the former US Senator from Oregon as an example. Although he resigned in disgrace, he maintained his law license, will receive his government pension, and is probably well positioned to either be hired as a lobbyist or sign a book deal. I sincerely doubt that publishers will be interested in the story of John Doe, PT who was fired because he sexually harassed a patient or co-worker. And there is an excellent chance that John Doe will no longer have a license to practice physical therapy. Think about it!



Jonathan Cooperman,
MS, PT, JD

Request for Proposals Orthopaedic Section, APTA Clinical Research Grant Program

Purpose: The Orthopaedic Section must support its members by funding studies designed to systematically examine orthopaedic practice issues. The purpose of this grant program is to address the urgent need for clinical research in orthopaedic physical therapy.

Targeted Recipients of the Grant Program: The grant program is designed to provide funding for any Orthopaedic Section member who has the clinical resources to examine a well defined practice issue, but who needs some external funding to facilitate the completion of a clinical research project.

Studies Eligible for Funding: The four types of studies that will qualify for funding are studies that: 1) examine the effectiveness of a treatment approach on a well-defined sample of patients with orthopaedic problems; 2) examine patient classification procedures for purposes of determining an appropriate treatment; 3) further establish the meaningfulness of an examination procedure or a series of examination procedures used by orthopaedic physical therapists; and 4) examine the role of the orthopaedic physical therapist in the health care environment.

Categories of Funding: Funding will be divided into two categories:

Type I Grant Funding: \$1,000.00 maximum

This program is designed for therapists who require only a small amount of funding for a project or are in the process of developing a project. The funds in this program will be used for pilot data collection, equipment and consultation.

Type II Grant Funding: \$5,000.00 maximum

This program is designed for therapists who are ready to begin a project but need additional resources. The funds may be used to purchase equipment, pay consultation fees, recruit patients, or clinicians. Clinicians receiving funding from this program will be expected to present their results at CSM within 3 years of receiving funding.

Criteria for Funding: Type I Grant:

- A specific and well-defined purpose that is judged to be consistent with the four types of studies eligible for funding and described above
- The sample studied must include patients. For studies examining the role of the orthopaedic physical therapist in the health care environment, the sample studied would be therapists involved in the delivery of care
- Priority given to projects designed to include multiple clinical sites
- Priority given to studies examining treatment effectiveness
- Principal investigator (PI) must be an Orthopaedic Section member
- Priority given to projects that are currently not receiving funding
- The funding period will be one year

Criteria for Funding: Type II Grant:

- A specific and well-defined purpose that is judged to be consistent with the four types of studies eligible for funding and described above
- The sample studied must include patients. For studies examining the role of the orthopaedic physical therapist in the health care environment, the sample studied would be therapists involved in the delivery of care
- Priority given to projects designed to include multiple clinical sites
- Priority given to studies examining treatment effectiveness
- Institutional review board (IRB) approval from participating site(s), and letter of support from facility(ies) participating in the study
- Evidence of some pilot work
- Principal investigator (PI) must be an Orthopaedic Section member
- Priority given to projects that are currently not receiving funding
- The funding period will be one year, renewable for up to three years, if judged to be appropriate

Determination of the Awards: **Deadline for submission of grant proposals is **December 1, 1996**. Each application should include one original and six copies of all material. The Grant Review Committee will review and evaluate each eligible application. A total of \$30,000 is budgeted for grants each year (five at \$1,000 and five at \$5,000). All applicants will be notified of the results by March 1, 1997.

To receive an application, call or write to:
Clinical Research Grant Program
Orthopaedic Section, APTA, Inc.
2920 East Avenue South
La Crosse, WI 54601
800-444-3982

President's Report

November 1996 marks the first birthday of the Orthopaedic Section's new office building. The Section staff has long been settled into their new surroundings after somehow maintaining a business-as-usual work pace through a challenging move and transition period. Taking advantage of the available space, we recently held our Finance Committee and Fall Board of Directors Meetings at the facility. The next issue of *OP* will contain reports stemming from these meetings which will then carry us through to Combined Sections Meeting in Dallas. Make your plans to join us at the Section Business meeting February 15, 1997.

Sam Brown

The closing of the June APTA conference in Minneapolis marked the end of APTA Board Member Sam Brown's second term as liaison to the Orthopaedic Section. Despite his extremely hectic schedule he attended a majority of our business and board of director meetings providing invaluable advice, support, and encouragement. His availability as a resource and willingness to be a sounding board between our meetings proved to be extremely helpful when we were dealing with urgent issues. On behalf of the Orthopaedic Section, I would like to thank him for his contributions to our successes over the past two years and also congratulate him on his re-election to the APTA Board of Directors.

David Lamb

A year ago this past August, I received the phone call bearing the news of Jim Gould passing away. August 1996 is now unfortunately marked by yet another phone call bearing sad news as David Lamb, a Canadian physiotherapist, has died. David played an important role in the evolution of orthopaedic physical therapy in North America and the International Federation of Manual Therapists. With David's death, the orthopaedic physical therapy community loses an experienced voice and a strong advocate. Our condolences go out to his family.

Clinical Research Grant Program

In the spring issue of *OP* 1996, Dan Riddle and Kelly Fitzgerald described The Orthopaedic Section Clinical

Research Grant Program. The Research Committee had been charged to develop such a program in order to provide Section members with funding opportunities. Please see the previous page of this issue which describes the purpose of the grant program, categories of funding, and studies eligible for funding. We hope a number of you will take advantage of this opportunity. Call or write the Orthopaedic Section office for information regarding the application process.



*William Boissonnault,
MS, PT,
President*

✓ **Did you remember to send your vote in for the Board of Director and Nominating Committee member positions of the Orthopaedic Section elections?**

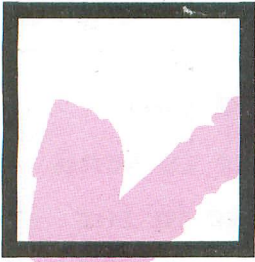
Now available...

Reprints of the Physical Therapist Practice Guideline, Volume 1 (P-122) is now for

sale. To purchase the guideline, call the APTA Service Center at 1-800-999-2782 X 3395, FAX to 703-706-3396, or mail to APTA. The cost is \$6 for APTA members and \$12 for non-members.

WOW!





TOPICS IN ORTHOPAEDIC PHYSICAL THERAPY ASSESSMENT

HOME
STUDY
COURSE 96-2

Course Length: 6 Sessions

July-December 1996

Proposed Authors and Topics

- Jill Binkley, MS, PT
Measurement concepts in
orthopaedic physical therapy
assessment
- Terry Randall, MS, PT
Medical screening and differential
diagnosis
- Paul Howard, PhD, PT
Manual examination of neural
tissues
- Thomas Zastowny, PhD
Psychological screening for patients
with orthopaedic disorders
- Diane Jette, PT
Outcome assessment: general
principles
- Anthony Delitto, PhD, PT
Outcome assessment: spine

The Editor

Jonathan M. Cooperman, MS, PT, JD
Rehabilitation & Health Center, Inc.
3975 Embassy Parkway
Akron, OH 44333
(216) 668-4080 Fax (216) 665-1830

Objective

The objective of the Orthopaedic Section Home Study Course is to provide the physical therapist with a distance learning experience on issues relating to assessment, treatment and research as these topics apply to the patient with musculoskeletal problems.

Registration Fees

Register by June 7, 1996.
Limited supply available after this date.

- \$150 Orthopaedic Section Members
- \$225 APTA Members
- \$300 Non-APTA Members

Special discounted rates are available for institutions with multiple registrants. Please call the Section office for complete information.

*If notification of cancellation is received in writing prior to the course, the registration fee will be refunded, less a 20% administrative fee. Absolutely no refunds will be given after the start of the course.

Educational Credit

30 contact hours.
A certificate of completion will be awarded to participants after successfully completing the final test. Only the registrant named will obtain the CEUs. No exceptions will be made. ATC approved.

Questions

Orthopaedic Section, APTA,
1-800-444-3982

Registration Form

Name _____

Mailing Address _____

City/State/Zip _____

Daytime Phone _____ APTA # _____

For clarity, please enclose business card.

Please make check payable to: Orthopaedic Section, APTA.

Please check:

- Orthopaedic Section Member
- APTA Member
- Non-APTA Member

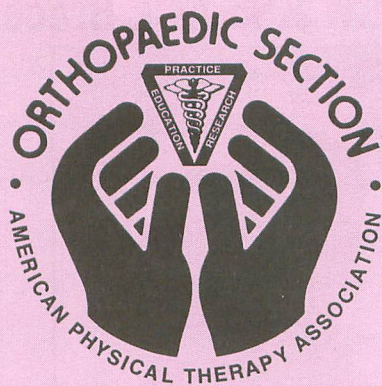
- I wish to become an Orthopaedic Section Member (\$50) and take advantage of the member rate.

Please add Wisconsin, Stadium, and County tax where applicable. County _____

Mail check and registration to: Orthopaedic Section, APTA, 2920 East Avenue South, La Crosse, WI 54601 or Fax registration & Visa or MasterCard number to 608-788-3965

Visa/MC (circle one) # _____ Expiration Date _____

Signature _____



Orthopaedic Section Executive Personnel

Terri Pericak, Executive Director
Tara Fredrickson, Meeting/Projects Coord.
Andrea LeJeune, Membership Services
Sharon Klinski, Publications Coord.
Angie Prochaska, Design/Marketing Asst.

Contact Terri Pericak ext. 204 for:

- Finance/Administration
- Section Executive Committee

Contact Tara Fredrickson ext. 203 for:

- Meeting Services
- Special Interest Groups
- Current Concepts Course
- Contract Proposals for Administrative Services

Contact Andrea LeJeune ext. 201 for:

- Membership Services
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- Promotional Items
- Membership Labels

Contact Sharon Klinski ext. 202 for:

- *Orthopaedic Physical Therapy Practice*
- Publication Content
- Home Study Courses
- Contract Proposals for Newsletters & Journals

Contact Angie Prochaska ext. 205 for:

- Advertising Media Packets
- Design and Layout
- Brochures

OFFICE HOURS

8:00 am—4:30 pm CST
800/444-3982

E-mail: orthostaff@centuryinter.net

Please leave a voice mail message if you cannot call during these hours. We will gladly return the call!

From the Section Office

Terri A. Pericak, Executive Director

The Finance Committee met at the Section office in La Crosse the last weekend in August. Highlights from that meeting included finalizing a proposed balanced budget for 1997 for the Board to review and approve during their October Fall meeting. The Committee also met with the Section investment broker, the auditor, accountant, and developer/leasing agent. One of the highlights of the meeting was for the committee to see the completed office building for the first time.

The official national grand opening for the East River Professional Park and the Orthopaedic Section office building took place during the October Fall Board Meeting. Representatives from the APTA were in attendance as well as some of the Section's past presidents and officers. A dedication of the Section conference room in memory of Jim Gould added a special touch to the grand opening. Bob Burles, a long time Section member and good friend of Jim's, created a CD ROM presentation in Jim's memory which was played during the dedication. More on the national grand opening will appear in the January 1997 issue of *Orthopaedic Physical Therapy Practice*.

The Section office is very pleased to announce a new addition to our pub-

lications staff and membership services. Angie Prochaska is our new Design/Marketing Assistant and Andrea LeJeune is our new Membership Services Secretary. Angie and Andrea started with us in August, and I hope you will take the opportunity the next time you call the Section office to welcome them to our team.

For those of you who have not heard yet the Section is on the Internet. Our home page and E-mail addresses are:

E-mail: orthostaff@centuryinter.net
Home Page: www.orthopt.org

I encourage you to communicate with us as much as possible over the Internet, however, for those of you who prefer speaking to someone over the telephone our toll free number is 1-800-444-3982.

A copy of the preliminary Orthopaedic Section program schedule for the 1997 Combined Sections Meeting in Dallas, Texas is included in this issue of *OP*. Please start making your plans to attend now. I look forward to seeing you there.

HOME STUDY COURSES AVAILABLE

94-2 Lumbar Spine
95-1 Foot & Ankle
95-2 The Wrist & Hand
96-1 The Cervical Spine

Upcoming Courses Include:
97-1 Hip & SI Joint
97-2 The Elbow, Forearm & Wrist

We are also co-sponsoring with the Affiliate Assembly:

97 Arthritis

The Orthopaedic Section, APTA, Inc., would also like to congratulate all of the following individuals who have recently become Orthopaedi Certified Specialist

Brett Altman, PT, OCS
 Gale Anderson, PT, OCS
 Edward Belding, PT, OCS
 Jennifer Bolster, PT, OCS
 Tracy Bower, PT, OCS
 Teresa Cramer, PT, OCS
 David Cuynar, PT, OCS
 Helen Denniston, PT, OCS
 Darryl Elliott, PT, OCS
 Paul Fohrman, PT, OCS
 Timothy Gibbs, PT, OCS
 Carol Gordon, PT, OCS
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 Richard Szabala, PT, OCS
 Brian Tuckey, PT, OCS
 James Welsh Jr, PT, OCS
 Monte Wilson, PT, OCS
 Jennifer Zoller, PT, OCS

The names above complete the list of all individuals who passed the Orthopaedic Specialty Exam.

We apologize for any inconvenience this may have caused.

Section Members in the News

Congratulations to Carolyn Wadsworth, MS, PT, CHT, OCS who was named by HTTC as Chairperson for the Recertification Committee for the CHT process.



Joanette Alpert, MS, PT, CIE, CPE recently received her designation as a Board Certified Professional Ergonomist after having her application accepted and passing a rigorous exam. Joanette is an Orthopaedic Section member and past Vice-President and Program Chair of the Occupational Health PT SIG.



Congratulations to David Johnson, PT for receiving the Mary McMillan Scholarship at the '96 Scientific Meeting & Exposition in Minneapolis, MN.

If you know of a Section Member in the News, please contact Sharon Klinski at the Section office. 800/444-3982 or FAX 608/788-3965 or e-mail: orthostaff@centuryinter.net.

The NEW KS5 ACL Brace



The new KS 5 (US Pat. #5,433,699) is designed to inhibit tibial translation. As tested, the KS 5 demonstrated significant limitations of tibial translation through 20, 30 and 40 pounds of force (testing performed by an independent research laboratory). **The KS 5 was also found to significantly enhance proprioception through both flexion and extension.** At the same time it was found that the KS 5 does not inhibit functional capabilities relative to strength, balance and function. **Weighing less than 11 ounces complete**, the majority of test subjects felt their test performance was enhanced while wearing the KS 5. **Designed to fit as an "off the shelf" unit the KS 5 will fit either right or left leg.** It is easily sized by simply measuring the mid-knee circumference. The KS 5 comes standard with a neoprene sleeve suspension. A knit elastic sleeve suspension system is available as an option. **At less than 11 ounces the KS 5 is perfect for grade 2 and 3 sprains, post injury use, hyperextension protection, all day wear or for the recreational athlete.**

(Not recommended for heavy contact sports such as football.) Priced to meet the needs of today's marketplace at

\$104.95



To order call toll-free
1-800-523-5611

Request for Recommendations to Serve as a Member of the Finance Committee

The Orthopaedic Section of the APTA needs your input for qualified candidates to be appointed to the position of Finance Committee Member. We are looking for two (2) members. One will serve a three year term and one will serve a four year term. Qualifications include: an interest and working knowledge in accrual-based accounting, annual and long range budgeting, reserve funds and investment strategies.

If you would like the opportunity to serve the Section or know of qualified members who would serve, please fill in the requested information below. Return this completed form by March 1, 1997.

(print full name of recommended member)

Address

City, State, Zip

(Area code) Home Phone Number

(Area Code) Office Phone Number

Nominator: _____

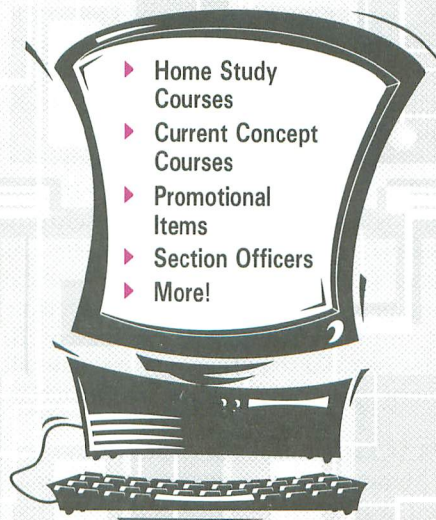
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Comments or suggestions can be sent to the Orthopaedic Section

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Informed Consent

By Jonathan Cooperman, MS, PT, JD

Articles continue to appear in the physical therapy literature discussing the issue of informed consent. (1) Informed consent can be defined as providing a patient with sufficient information about a proposed treatment and its reasonable alternatives to allow the patient to make a knowing, intelligent, and unequivocal decision regarding whether to accept or reject the proposed treatment. (2) It could be argued that given litigious nature of our society, physical therapists should be aware of, and generally obtain, informed consent prior to initiating treatment. However, fear of litigation should not be the driving force behind obtaining informed consent. *All* physical therapists have a legal and ethical obligation to insure that their patients make informed choices regarding consent to treatment.

Because the standard of care requires a medical practitioner to obtain informed consent, failure to do so breaches the standard of care and is viewed as professional negligence, i.e., medical malpractice.

LEGAL AND ETHICAL OBLIGATIONS

The legal obligation was originally founded in the intentional tort of battery. Under this legal theory, if a surgeon operated on the wrong leg, she did so without permission and intended to; therefore the patient had been battered. Most jurisdictions now view the lack of informed consent using a negligence analysis. (3) Because the standard of care requires a medical practitioner to obtain informed consent, failure to do so breaches the standard of care (what a reasonable practitioner would do in the same or similar circumstances) and is viewed as professional negligence, i.e.,

medical malpractice. Some states have statutory prohibitions on conducting certain tests such as HIV or performing surgery without first obtaining informed consent. In cases such as these, a negligence standard would not be applied. In other words, the question for the court would *not* be whether the standard of care had been breached, but rather whether or not informed consent had been obtained.

The ethical obligation to obtain informed consent is based on the concept of duty. Physical therapists have a fiduciary duty, that is, the duty to act primarily in the patient's best interests. This is clearly outlined in the APTA's Code of Ethics. Principle 1.4 states. . . "Physical Therapists *shall* obtain patient informed consent before treatment." (emphasis added)

ELEMENTS OF INFORMED CONSENT

When a patient consents to treatment, it is not necessarily an informed consent. Proper informed consent means that the patient is provided with the following information:

- a description of their problem
- risks associated with treatment (or nontreatment)
- reasonable alternatives
- benefits associated with treatment

In most jurisdictions, the courts apply an objective standard. This means that the patient must be informed as to the risks and complications that an ordinary reasonable person would consider material in deciding whether or not to undergo treatment.

Occasionally, the health care provider will decide that the patient can not psychologically handle the full disclosure associated with informed consent. At times such as these, or in true medical emergencies, exceptions to the doctrine of informed consent are created. However, these exceptions are generally not applicable to physical therapists.

PRACTICAL IMPLICATIONS

Many physical therapists and other allied health care practitioners have a tendency to overreact to information which instructs in legal theory and quotes the law. After reading this article, therapists

should not be rushing to structure written informed consent forms. There is no need to ask patient Jane Smith to sign a three page, small print, informed consent form written in legalese prior to treating her for a low back strain. Written forms do not absolve the physical therapist from liability and may create an atmosphere of distrust. They can be

All physical therapists have a legal and ethical obligation to insure that their patients make informed choices regarding consent to treatment.

overly broad or ambiguous, in which case they would not hold up in court. The patient must be given information which is complete, appropriate, and provided in a language that is understandable. The easiest way to accomplish that task is to obtain informed consent by talking to your patient. Physical therapists should practice making an explanation of the treatment, its risks, alternatives, etc. a regular part of their patient conversations. Your documentation should reflect the fact that you've obtained informed consent.

However, there are times when a written consent form will be useful. These include when the therapist is performing a potentially risky procedure like cervical manipulation, or if manual techniques will be performed around the genital area. Some therapists recommend being more careful about obtaining informed consent when hi-tech equipment is being used, because the patient may perceive it as more risky. (1)

SUMMARY

Physical therapists have a legal and an ethical duty to obtain informed consent from their patients prior to initiating treatment. Although written forms are not required, all informed consent should discuss the risks, alternatives to

treatment, and prognosis in complete terms which are understandable to the patient. Obtaining informed consent allows the patient to become an active participant in the rehabilitative process and is an excellent risk management tool.

Jonathan M. Cooperman is the Clinical Services Manager of the Rehabilitation and Health Center in Akron, Ohio, and is a member of the Judicial Committee of the APTA.

1. Murphy J. Informed Consent. *Advance for Physical Therapists*. 7(20): p.23, 1996.
2. Scott RW: *Legal Aspects of Documenting Patient Care*. Gaithersburg, MD: Aspen Publishing Co., Inc; 1994.
3. *Mediicolegal Primer* (Wecht CH and Hirsh HL, ed.). Pittsburgh: American College of Legal Medicine Foundation, 1991.

This article is not intended as legal advice. Legal advice can only be provided by your personal attorney based on applicable state or federal laws.

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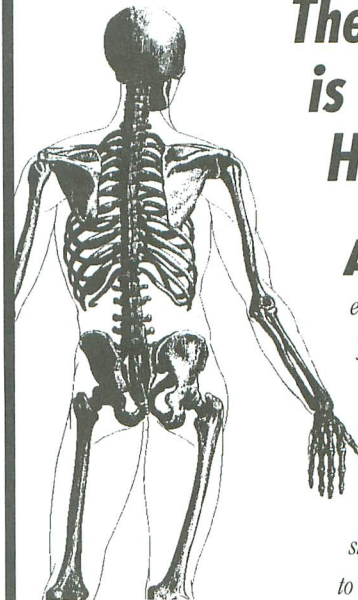
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The Specialization Process

By William H. O'Grady, MA, PT, OCS, COMT, FAAPM

HISTORY

The move toward specialization in orthopaedics began in the early 1980s, but it was not until 1987 that we first submitted examination questions for the new exam. Questions were generated by subject matter experts in St. Louis and Atlanta. The number of items generated in St. Louis fell quite short of the organizers' expectations. Moreover, because a third item-writing site was eliminated, the Atlanta item writers had the added pressure of having to generate many more questions than expected. We were instructed to write questions that were both challenging and as unambiguous as possible in our respective areas of expertise.

By the time the first exam in 1989 was constructed, many of our original questions had been discarded. In addition, other questions which were outdated by the time the exam was constructed also had to be discarded. Fortunately, the method by which we get questions introduced into each new exam has become more refined. Before the questions can be approved for the examination, they must go through a lengthy editing and screening process to reach that point.

There are two paths by which an item may be submitted for the examination. First, it can be submitted by a member of the Specialization Academy of Content Experts, who has been selected and screened by the Orthopaedic Specialty Council. An item-writing class is conducted for these members each year. The alternate method is through submission by any advanced practitioner in Orthopaedic Physical Therapy.

ITEM WRITING PROCESS

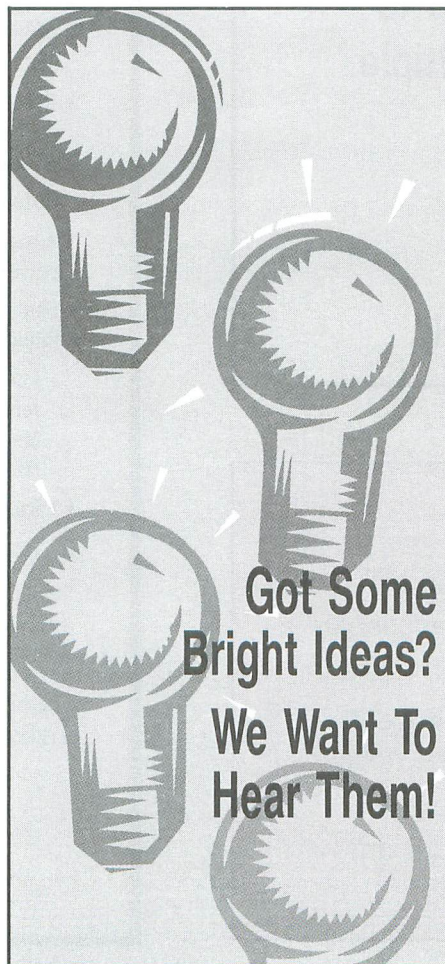
The initial submission of examination items is long and arduous. Because the examination is a multiple choice test, all choices must be specifically referenced from the literature with a brief explanation of why it is either right or wrong. These questions then go to the committee of content experts who review and screen for the appropriateness, accuracy, and ambiguity of the questions. If the test question is approved, it goes to the Orthopaedic Specialty Council and members of the test construction committee for further review. They review the test questions further checking for accuracy, appropriateness, ambiguity, syntax, spell-

ing, etc. If the question is deemed acceptable, it is placed in the test question item bank as a possible pretest item. To further screen the items, they are introduced into subsequent examinations as pretest items. As a pretest item, the question will not be scored as part of the examination. However, a statistical analysis is done to assess the appropriateness of this question as a bench mark predictor between the high and low performers on the examination. If it is determined to be a bad question or a poor delineator, the question is discarded. If the item proves to be a good performer as a pretest item, it may be placed in a future examination as a scored question. Routinely, we try to introduce 20-25 pretest questions into the examination each year. New item writers are selected each year in an attempt to broaden the item bank base. This also enables us to keep the test contemporaneous with the latest trends and

knowledge in orthopaedic physical therapy.

The construction of a test question is difficult, and a task that is not taken lightly by the Specialty Council. The several step process is used to help insure the most accurate, up-to-date, and appropriate questions for the examination. The participation and hard work of many Orthopaedic Section members has produced the current examination. The Specialty Council invites and encourages all orthopaedic physical therapy clinicians to contribute test items. The Orthopaedic Section has an item-writing guide book available for those interested in generating test items. Please contact the section office if you would like to receive a copy of the guide book.

William H. O'Grady is Chair of the Orthopaedic Specialty Council



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Orthopaedic Physical Therapy Practice (OP) Survey

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Book Reviews and Abstracts

Coordinated by Michael Wooden, MS, PT, OCS

BOOK REVIEWS

Soft Tissue Pain and Disability, Cailliet R, Philadelphia: F.A. Davis Company, 3rd Ed., 1996;545 pp.

As one of 11 other titles in his pain series, *Soft Tissue Pain and Disability* clearly describes pain concepts and mechanisms, soft tissue responses, and current treatment approaches as they relate to many musculoskeletal conditions. The book has been revised in the third edition to provide the reader with the most clinically relevant information available in assessment, diagnosis, and treatment of pain limiting soft tissue injuries. In his unique style, Cailliet combines concise text descriptions of structure and functional anatomy, numerous and detailed graphic illustrations, and extensive reference lists for each chapter to make the text practical, understandable, and clinically valuable.

The author's ability to present facts and ideas in an organized and informational manner is appreciated by the reader. The first three chapters contain a basic science introduction and overview followed by neuroanatomical and physiological review of connective tissue, neural pathways, muscle components, and pathologies such as chronic fatigue and fibromyalgia syndromes. Chapter 4 discusses the current concepts in pharmacological, analgesic block, physical, manual therapy, and exercise treatment approaches. It is refreshing that, overall, Dr. Cailliet advocates the skills and talents of physical therapists and recognizes their pivotal role in successful management of soft tissue pain conditions. Each of the ten chapters that follow describes a particular pain and impairment syndrome such as low back, neck/upper back, neurovascular compression, shoulder, elbow, wrist/hand, hip, knee, foot/ankle, and causalgia. The impact of anatomical structure and biomechanical function relative to common musculoskeletal conditions is clearly presented as well as the methods in which physical impairment may ultimately manifest as painful dysfunction. In the final three chapters, Cailliet enters into very in-

teresting discussions about the psychological concepts of soft tissue pain, problems and solutions in worker's compensation, and the neuromusculoskeletal basis of soft tissue pain which, although placed last, are well worth reading to the end of the text.

Cailliet's paperback textbook is intended for both the student and the practicing clinician. The book is equally as useful in the classroom as a didactic teaching tool and as a bookshelf reference to use in day-to-day clinical situations. This "scientoclinical" textbook reference provides useful guidelines for neuromusculoskeletal diagnosis and treatment of painful, disabling soft tissue syndromes. Reading and close study of this text encourages clinicians to ask additional questions and further explore soft tissue dysfunction, etiology, diagnosis, prognosis, and treatment regimens as well as psychosocial and reimbursement considerations. Dr. Cailliet's book will most assuredly become a standard in the reference libraries of a myriad of medical practitioners through their educational and practice years.

Roberta L. Kayser, PT

The Sciatic Syndrome, Farfan HF, Slack, Inc., 1996.

This book was written by Dr. Farfan with the intention of educating spine specialists. The first chapter discusses the history of the development of our knowledge of the spine, including chronological advances and the reasoning that led to the development. The author concluded that back pain is caused by the local effects of protective muscular contraction and by referred pain to the lower extremities from the injured lumbar spine segments (92%); it was rarely derived from the sacroiliac joint (5%).

The second chapter reviewed thoroughly the anatomy of the passive members of the lumbar spine, including the vertebrae and its physical strength, the neural arch, the facet joints, the intervertebral disc, and ligamentous structures. The "function-

ing spine" was the title of the third chapter which reviewed the anatomical arrangement of the lumbar spine musculature and its mechanical control with posturing and function. The discussion of the effort of the posterior ligamentous system and trunk muscles to ensure minimal stress at the joints of the spine was interesting and thought-provoking relative to current trends in stabilization.

Pathology and pathomechanics was the next chapter and the incidence and patterns of degenerative changes were discussed. Postural changes were the main contributor. The tendency for failure of L4-L5 was due to axial rotation overloading whereas the tendency for failure at L5-S1 was due to compression overloading.

The fifth chapter reviewed the end results of the degenerative process, including spondylosis, degenerative spondylolisthesis, acquired lumbar spinal stenosis, and degenerative/congenital stenosis. (Chapter 9 further discusses the classification and formation of spondylosis and spondylolisthesis.)

Chapter 6 discusses measurement tools of pain, as well as referred pain patterns, afferent pathways and modulation of response to pain by higher centers. Pain and clinical signs of "lumbago and sciatica" are reviewed as well as acquired postural changes and its effect on the spine as in myofascial syndromes. Conservative treatment procedures are mentioned in Chapter 10 with a brief discussion on the phases of healing and the influence of injury type on healing.

The next chapter reviews imaging techniques and how they are used to determine the status of the pathological level and to evaluate the instability of a joint once the injury level has been determined. Chapter 12 discusses guidelines in selecting surgical candidates and surgical intervention, including chemonucleolysis. Stabilization of the spine via conservative measures of bracing and surgery are elaborated in Chapter 13. Lastly, rehabilitation is discussed in eleven pages in Chapter 14 and is a poor source for information.

In summary, the information in the first half of the book is useful in assist-

ing with the establishment of treating hypotheses for spinal patients by better understanding the pathology, biomechanics and anatomy of the spine. The book is a good resource for understanding lumbar spine mechanics.

Sylvia Mehl, MS, PT, OCS

Clinical Orthopaedic Rehabilitation, Brozman, S. Brent (ed.), St. Louis, MO: Mosby-Year Book, Inc., 1996; 402 pp, hardcover, illus.

This well-edited textbook can be described as "the bible of protocols." It provides the reader, regardless of clinical experience, with organized, easy-reference material. The evenly balanced group of twenty recognizable authors includes ten physical therapists and ten medical doctors.

In the preface, the editor immediately acknowledges that protocols may vary with individual patients and situations and that they are not intended to be used as a "cookbook" approach. He emphasizes that the protocols are designed to provide the reader with a base that may be individually built upon. He also notes that the information covered in this book is the most widely accepted by orthopaedic surgeons and physical therapists. He concludes that clinical research and biomechanical studies may cause these current protocols to warrant changes.

The text contains eleven chapters separated by the different regions of the body and specialized areas such as total joint arthroplasty, pediatrics, reflex sympathetic dystrophy (RSD), and foot orthoses. Most of the chapters discuss anatomy and healing times and include illustrations and diagrammatic drawings.

Chapter 1 covers the complex wrist and hand and does a wonderful job discussing the zones and healing times. The topics include: flexor/extensor tendon injuries, nerve compression injuries, wrist disorders, arthroplasty, fractures, and dislocations. Chapter 2 discusses the elbow and presents useful illustrations of the different exercises for rehabilitation. Its emphasis is on UCL reconstruction, medial/lateral epicondylitis, the throwing athlete, elbow arthroplasty, and arthroscopy. The third chapter is on the shoulder and encompasses impingement syndrome, rotator cuff tendonitis, tears in

throwing athletes, shoulder instability, and adhesive capsulitis. One pathology that is excluded is thoracic outlet syndrome, which tends to be challenging and commonly seen. In addition, the section on rotator tendinitis/tears in throwing athletes fails to address rotator cuff pathology and rehabilitation as it relates to the average person. Chapter 4 discusses fractures of the pelvis, acetabulum, and lower extremity. Some of these include acetabular fracture, hip fracture and dislocation, pelvic fracture, femoral neck/shaft fractures, patella fracture, acute patellar dislocation, and tibial plateau fracture.

Chapter 5 covers the knee complex and includes ACL reconstruction, rehabilitation after patella tendon graft reconstruction, MCL/LCL injuries, ITB syndrome, and patellofemoral disorders. This chapter provides concise but complete information on the ACL including types of grafts, rehabilitative considerations (OKC versus CKC), early motion, EMG use, NMES use, ACL bracing, functional testing, and criteria for returning to sports. The authors neglected to put in a section on meniscal repairs, which is a fairly common procedure and requires important timing of rehabilitation progression. The sixth chapter focuses on the foot and ankle complex: ankle sprains, ankle fractures, Achilles tendonitis, turf toe, and heel pain. It provides good instruction on taping techniques and bracing, however does not discuss Achilles ruptures and repairs often seen amongst athletes and nonathletes alike. Chapter 7 presents a detailed look at rehabilitation following total hip arthroplasty, total knee arthroplasty, and a chart on long-term activities recommended after total joint replacement. Although there is more limited research on it, the authors could have mentioned the total shoulder arthroplasty which has become more commonplace. Chapter 8 describes the rehabilitation of the various fractures most prevalent in children.

Reflex sympathetic dystrophy syndrome, the topic of Chapter 9, includes clinical variants, classification, clinical course, psychological ramifications, rehabilitation, and case studies. The staging of RSD and the detailed case studies highlight this chapter. There are few general orthopaedic texts that provide adequate information on the principals and uses of orthoses. Chapter 10's authors do a nice job of covering virtually every prin-

icipal related to orthoses and rehabilitation. From the determination of subtalar neutral and the biomechanics, to the gait cycle and the evaluation/fabrication orthoses, this is one of the most well-written chapters in the book. In addition, the few pages of troubleshooting described as "Specific Problems: Probable Causes and Corrective Actions" is an excellent reference for the clinician whose patient cannot get the right fit or complains of pain in one or more regions.

The final chapter of the book touches on the ever-challenging low back disorders. It discusses rehabilitation rationale, evaluation, treatment, and rehabilitation following HNP surgery. The spine is an area that needs a book to itself, and Chapter 11 demonstrates this point. Although the discussion here is informative, a large wealth of information is missing. There is little recommendation of it and as to when modalities and manual therapy are indicated. In addition, the authors seem very partial to the McKenzie approach, providing little mention of other disciplines.

In summary, this book offers the reader, regardless of clinical experience, with an excellent reference source for protocols. These days there are many who are quick to criticize any publication relating to protocols. However, this text goes beyond the "cookbook" approach. There are very few clinicians who are experts in every facet of sports medicine and orthopaedic rehabilitation. This textbook provides therapists with a solid basis for treatment of both familiar and unfamiliar conditions. In addition, the various tissue healing times and general orthopaedic information makes this book more complete than most available. I would highly recommend this literature to both new graduates and experienced clinicians alike.

Cory B. Tovin, PT

ORTHOBICIZE™ VIDEO

Video Preview: ORTHOBICIZE™, by Anita Greenhaus, PT
Running Time: 60 minutes

Anita Greenhaus' videotape ORTHOBICIZE™ fills several gaps in our current patient education materials and the first well-done "crossover" tape that helps patients with injuries

move into a health and fitness frame of mind.

While Ms. Greenhaus introduces the tape as being designed for neck and low back injuries, it can be used by a very broad group of people with differing injuries, levels of fitness both pre and postinjury, as well as any group of people who are deconditioned and afraid to get started on an exercise program. It is obvious that Ms. Greenhaus brings many years of teaching exercise classes to this tape, as she includes important joint protection, body mechanics, and graded exercises into her upbeat delivery.

The tape has four sections. The first three-minute section includes the usual disclaimers regarding starting an exercise program, and Ms. Greenhaus discusses alignment, posture, and demonstrates how to effectively brace/stabilize the low back while standing.

The warm-up, or active stretching, section is very thorough in that both extension and flexion movements are included in both supine and prone positions. Abduction is performed from the supine position, which is more protective, and quadratus and trunk rotation movements are included. Again, Ms. Greenhaus provides frequent verbal cues at the important times, much as all physical therapists do when teaching spine exercises.

The aerobics segment is 30 minutes of standing activities. A nice feature of this segment is that Ms. Greenhaus has two assistants behind her during the program. Helen, who has arthritis of her neck, back, and knees, works at a low level of intensity; while Elaine, who has scoliosis, works at the highest level of the same exercises. Anita stays at the moderate level in the foreground and explains that the viewer needs to work at whichever level is appropriate. The intensity of the workout increases both in speed and the use of both arms and legs with larger movements. At the end of this segment, Ms. Greenhaus instructs the viewer how to take his carotid pulse and shows a table with target heart rates for different levels of fitness.

The cool-down segment is done on the floor with slower movement and time to stretch the low back, legs, and the arms.

The production of this tape contributes well to the overall effectiveness. The background is subdued, yet interesting, with the feeling of light coming in from a window. The music is original, upbeat, but not overbearing. Ms. Greenhaus was able to keep her verbal cues synchronous with the movements; she was not overzealous or breathy; and always encouraging. No remarks such as "go for the burn" or "push yourself a little harder" were heard. Even the outfits were more appropriate for the average viewer. The shorts and t-shirt that one of Anita Greenhaus' assistants wore will help the less "hard-bodied" viewers feel more comfortable.

This video would be a great home program to complement an ongoing rehabilitation program. Therapy departments should have one available for all staff to review before sending home with their patients and a clinic VCR would be the most appropriate introduction to this tape.

I highly recommend this tape and congratulate Ms. Greenhaus on a job well done.

Elise A. Trumble, MS, PT

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Mutual funds offer easy access to expanding global markets

By Tom Berkedal

The world keeps getting smaller—and as it does, international stock and bond markets offer investors bigger opportunities.

Twenty years ago, the United States dominated the investment world, representing 60% of the global stock market. Today, the U.S. stock market represents just 37% of the world's equity investments. Investing only in American securities means missing out on a lot of other opportunities.

The easiest way to invest in these growing markets is through mutual funds. The instant diversification and professional management offered by funds is especially important in foreign markets, where an individual investor has much less information about companies.

Individuals investing directly in foreign securities also may have to contend with different languages and accounting practices, delays in securities, delivery and settlement, and lack of liquidity. Although investing in a mutual fund doesn't avoid these risks, it does leave the complexities up to investment managers who are familiar with foreign markets.

Many fund types available

As international markets have developed, so have the number and types of funds that invest in them. A main distinction in such funds is whether they are "global" or "international." The former invests both abroad and in the United States, while the latter invests only outside of this country.

Under these two labels are funds with a variety of goals and investment styles—much as their domestic counterparts. International or global stock funds include growth, value, small company, emerging growth, single country or region, and even index types. Bond funds focused overseas also offer considerable variety, including world income, emerging market debt, high-yield, single country or region, and index funds.

Why invest internationally?

In addition to a broader range of investment opportunities, international investing also offers the potential for greater return. While the U.S. economy is the most powerful, many other economies are growing faster. Countries throughout Europe, the Pacific and Latin America are developing free markets and viable, competitive industries. Expectations are high and, consequently, these regions' stock markets often have performed better than ours.

What's more, diversifying into foreign markets

may actually lower your exposure to risk. That's because foreign and U.S. markets do not necessarily rise and fall at the same time. While one market might have a difficult year, another may be flourishing.

Over the past 10 years, portfolios with only foreign stocks had higher returns, but they also were more volatile. Surprisingly, portfolios of 100% U.S. stocks not only had lower returns, they also were more volatile than an optimum 70%/30% mix of U.S. and foreign stocks. So over the last 10 years you could have increased your returns and lowered risk by investing globally.

Tips for investing abroad

Be patient. Don't rush into international or global mutual funds on good news and out on bad news. That's sure formula for buying high and selling low. Instead, approach international investing as you would any long-term investment. And remember, in some foreign markets, long term means 10 years or more.

Diversify your investments. To reduce risk, own funds investing in more than just one country or region. You also may want to diversify your international holdings among stock and bond funds.

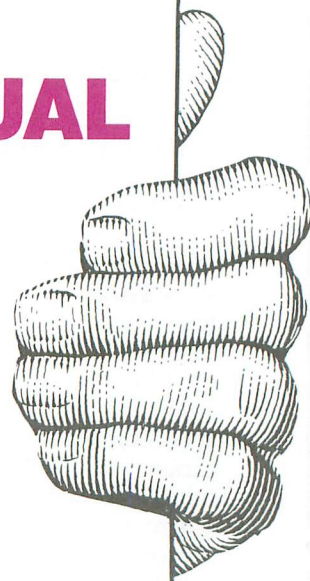
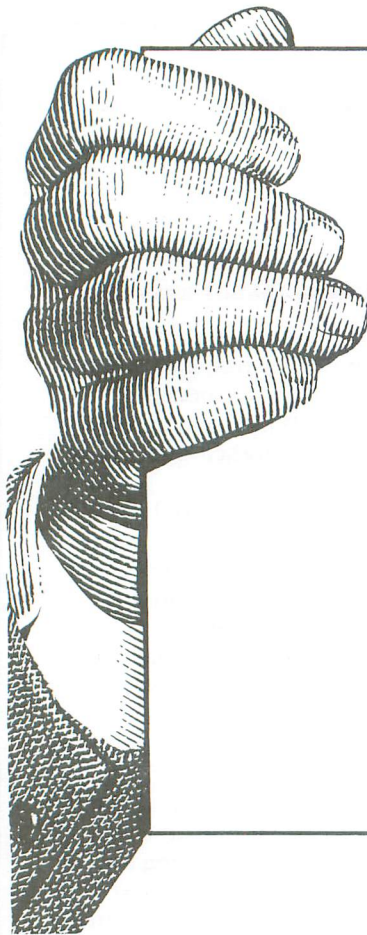
Allocate your assets. Some people may be comfortable with no more than 5% of their assets invested internationally, while others may want to invest more.

If you'd like more information about mutual funds that invest overseas, contact an investment professional. He or she will explain the types of funds available and help you determine which ones are best for your situation.



Tom Berkedal is an Investment Executive who provides investment advice to the Orthopaedic Section, APTA.

If you would like additional information, please contact Tom through the Orthopaedic Section office.



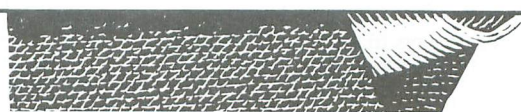
Now Available!

The Orthopaedic Section **RESOURCE MANUAL**

Designed for developing and implementing special interest groups and orthopaedic study groups.

**Orthopaedic Section Members:
No Cost**

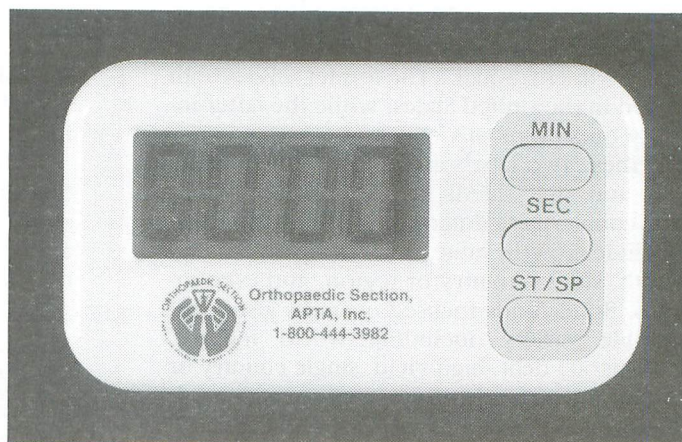
**Non-Orthopaedic Section Members:
\$5.00**



ORTHOPAEDIC SECTION TIMERS

“We can clip them to the patient chart, slap them on metal if we want the patient to perform a timed activity, or stand them up on the charting counter.”

L. Hatch
Bakersfield, CA



TIMERS—(\$8 Section Members, \$10 Non-Section Members, \$7.75 in quantities of 10 or more, Section Members only)

Please make your check payable to:
Orthopaedic Section, APTA, Inc.
2920 East Avenue South, La Crosse, Wisconsin 54601
800/444-3982 608/788-3965 (Fax)

*Please add \$3.00 per order for postage and handling.
Wisconsin residents add 5½% sales tax.*

1997 CSM TENTATIVE PROGRAM — February 13-16 — Dallas, TX

WEDNESDAY, FEBRUARY 12

8:00 AM-6:00 PM

Foot Orthoses: The Scientific Basis and Clinical Concepts

8:00 AM-5:00 PM

Orthopaedic Specialty Council: Item Writer's Workshop

THURSDAY, FEBRUARY 13

8:00 AM-12:00 PM

Multi-Section Programming: Diagnosis

1:00 PM-3:00 PM

Cowboy Up! Injuries of Rodeo Athletes
Speaker: Tandy R. Freeman, MD
Moderator: Kim Schoensee, MS, PT, OCS

1:00 PM-2:30 PM

Occupational Health SIG Programming Evaluation of Permanent Lumbar Impairment: The Physical Therapy Perspective

Raymond Vigil, PT, OCS

Moderator: Gwen Parrott, PT

1:00 PM-4:00 PM

Research Platforms

2:45 PM-3:45 PM

Open Forum on Specialist Certification & Recertification

3:45 PM-4:30 PM

The Nature of Clinical Practice Structure for Specialists in Orthopaedic Physical Therapy

Mary Milidonis, MMSc, PT, OCS

Joe Godges, PT, OCS

Gail Jensen, PT

4:30 PM-6:30 PM

EXHIBIT HALL BREAK

6:30 PM-7:30 PM

Performing Arts Reception

6:30 PM-8:30 PM

Preferred Practice Patterns: Vol. II
Joint Program with Research

FRIDAY, FEBRUARY 14

(Board and Committee Chair Meeting)

8:00 AM-10:00 AM

Pain SIG Programming Industrial Testing: Pain Prevention

Joseph Kleinkort, PhD, PT

Tom Watson, MEd, PT, FAAPM

Moderator: Gaetano Scotese, MPT

11:00 AM-12:00 PM

Pain SIG Business Meeting

8:00 AM-10:00 AM & 11:00 AM-12:00 PM

Research Platforms

8:00 AM-10:00 AM

Treatment Guidelines: Moving in the Future

Carol Schunk, PT, PsyD

Joint Programming with Private Practice Section

8:00 AM-10:00 AM

Entry-Level Curriculum in Industrial Health

Scott Minor, PhD, PT

Joint program between Education Section and OHSIG

11:00 AM-12:30 PM

Occupational Health Hot Topics Accessing Ergonomics Through the Internet

Mark Anderson, PT

Performing Arts SIG Programming

Moderator: Marshall Hagins, MA, PT

8:30 AM-10:00 AM

Introduction to Dance and Physical Therapy

Marika Molnar, MA, PT

11:00 AM-12:30 PM

Trouble-Shooting the Classical Dancers' Foot with Manual Solutions

Peter Marshall, MA, PT

1:30 PM-2:30 PM

Performing Arts: Dance Medicine Video
Joint Programming with Oncology Section

8:00 AM-10:00 AM

Limb Sparing

11:00 AM-12:00 PM

Oncology for the Orthopaedic Physical Therapist

10:00 AM-11:00 AM & 2:30 PM-3:30 PM

Exhibit Hall Break

11:00 AM-12:00 PM

Foot and Ankle SIG Business Meeting

Foot and Ankle SIG Programming

Managed Care Considerations in the Foot and Ankle

Moderator: Tom McPoil, PhD, PT

12:30 PM-1:00 PM

Ligament Injuries to the Foot and Ankle

Joe Tomaro, MS, PT, ATC

1:00 PM-1:30 PM

Plantar Fasciitis, Plantar Heel Pain

Stephen Reischl, PT, OCS

1:30 PM-2:00 PM

Pronatory Foot Conditions

Joe Godges, PT, OCS

2:00 PM-2:30 PM

Panel Discussion

Foot and Ankle Biomechanical Abnormalities in Children with Disabilities and the Use of Posting in Orthoses

Dale Turner, MA, PT, PCS

4:30 PM-5:30 PM

Terminology Related to the Foot and Ankle

Joe Tomaro, MS, PT, ATC

11:00 AM-12:00 PM

Forum: Hand Therapy Certification
Joint Program with Hand Section

11:00 AM-12:30 PM & 1:00 PM-2:30 PM

Interfacing Research with Clinical Practice

Dan Riddle, MS, PT; Tony Delitto, PhD, PT; Paul Beattie, PhD, PT, OCS

3:30 PM-5:00 PM

Management of the Stiff Hand
Speaker: S. Davila, PT

Joint Program with Hand Section

SATURDAY, FEBRUARY 15

8:00 AM-10:00 AM

Orthopaedic Section Business Meeting

10:00 AM-11:00 AM & 2:30 PM-3:30 PM

EXHIBIT HALL BREAK

11:00 AM-12:00 PM

Manual Therapy Roundtable Business Meeting

Manual Therapy Programming

Moderator: Laurie Kenny, PT, OCS

Manipulation: To Thrust or Not to Thrust

1:30 PM-2:30 PM

Chris Dollar, PT, MA, FAAOMPT

3:30 PM-5:30 PM

Richard Erhard, PT, DC

Performing Arts SIG Programming

Moderator: Marshall Hagins, MA, PT

11:00 AM-12:30 PM

Introduction to Music and Physical Therapy

Nicholas F. Quarrier, MHS, PT, OCS

1:30 PM-2:30 PM

Performing Arts Business Meeting

3:30 PM-5:00 PM

Lumbopelvic Asymmetry in Dancers

Katy Keller, MS, PT

11:00 AM-12:00 PM

Occupational Health SIG Business Meeting

1:30 PM-2:30 PM & 3:30 PM-5:30 PM

Research Platforms

Clinical Research Demonstrations

Projects

1:00 PM-2:30 PM

Responsiveness of a Shoulder Outcome Scoring System

Brian Leggin, PT and Susan Brenneman, MS, PT

3:30 PM-5:00 PM

Intra and Interrater Reliability of Orthopaedic Data

Leslie Russek, PhD, PT

Joint Programming with Research Section

6:00 PM-7:00 PM

Paris Award Lecture

7:00 PM

Black Tie and Roses

SUNDAY, FEBRUARY 16

8:30 AM-12:30 PM

A Research Based Approach to Low Back Pain

Jeff Gilliam, MHS, PT, OCS

Ian Barstow, PT

8:00 AM-12:00 PM

Surgical and Rehabilitation Management of Children with Hip Dysplasias

Joint Program with Pediatrics

8:00 AM-12:00 PM

OHSIG Board Meeting

Paris Distinguished Service Award

PURPOSE

1. To acknowledge and honor a most outstanding Orthopaedic Section member whose contributions to the Section are of exceptional and enduring value.
2. To provide an opportunity for the recipient to share his or her achievements and ideas with the membership through a lecture presented at an APTA Combined Sections Meeting.

ELIGIBILITY

1. The nominee must be a member of the Orthopaedic Section, APTA, Inc., who has made a distinguished contribution to the Section.
2. Members of the Executive Committee and members of the Awards Committee shall not be eligible for the award during their term of office.

CRITERIA FOR SELECTION

1. The Nominee shall have made substantial contributions to the Section in one or more of the following areas:
 - a. Demonstrated prominent leadership in advancing the interests and objectives of the Section.
 - b. Obtained professional recognition and respect for the Section's achievements.
 - c. Advanced public awareness of orthopaedic physical therapy.
 - d. Served as an accomplished role model, and provided incentive for other members to reach their highest potential.
 - e. Utilized notable talents in writing, teaching, research, administration, and/or clinical practice to assist the Section and its membership in achieving their goals.
2. The nominee shall possess the ability to present a keynote lecture, as evidenced by:
 - a. Acknowledged skills in the organization and presentation of written and oral communications of substantial length.
 - b. Background and knowledge sufficient.

PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the Award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Ad-

ministrative Director at the Section office by December 1, for consideration for the award in the following year.

3. The materials submitted for each nomination shall include the following:
 - a. One support statement from the nominator, indicating reasons for the nomination, and clarifying the relationship between the nominator and nominee.
 - b. Support statements from two professional colleagues.
 - c. Support statement from two former or current Orthopaedic Section officers or committee chairs.
 - d. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

PROCEDURE FOR REVIEW AND SELECTION

1. Nomination materials shall be submitted to the Section office. The Section office will retain the original set of materials and will provide the Awards Committee with copies for review.
2. The Awards Committee will review the nominations and recommend the most qualified candidate to the Executive Committee.
3. The Executive committee will select the recipient.
4. Any member of the Awards or Executive Committees, who is closely associated with the nominee, will abstain from participating in the review and selection process.
5. The award will be presented only if there are qualified candidates, and one is selected.
6. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
7. Nomination materials will not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in subsequent years. The Section office will retain nomination materials for two years.

LECTURE

1. The recipient will present their lecture at a Section "Awards Session" at the APTA Combined Sections Meeting. The lecture should not last longer than thirty minutes.

2. The title of the lecture will be left to the discretion of the recipient.
3. The lecture should focus on the recipient's ideas and contributions to the Section and orthopaedic physical therapy.
4. The recipient is invited to submit a paper based on the lecture for consideration for publication (pending review) in the *Journal of Orthopaedic and Sports Physical Therapy* OR submit the paper for publication in *Orthopaedic Physical Therapy Practice*.

NOTIFICATION OF THE AWARD

1. The President of the Section will notify the recipient by April 1st and obtain written confirmation of acceptance by May 1st.
2. The name of the recipient will be kept confidential until announced at the APTA Annual Conference.
3. The award will be presented at the APTA Combined Section s Meeting following presentation of the lecture.
4. Those nominees not selected will be so informed in writing.
5. The nominators or individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.

THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the US. or Canada to the Combined Sections Meeting at which the lecture is presented, two days per diem consistent with the Section's current reimbursement rates and one day's conference registration.
2. On the occasion of the presentation of the lecture, the awardee will receive an appropriate plaque and an honorarium of \$250.
3. The recipient's name and date of award will also be inscribed on a Distinguished Service Lecture Award plaque that is retained and displayed in the Section's headquarters.

Please submit any nominations to the Section office by December 1, 1996.

Section News

Education Program Report

Home Study Courses

First, we would like to welcome Carolyn Wadsworth, MS, PT, CHT, OCS as our new editor. Future offerings will include:

Home study course 97-1 The Hip and Sacroiliac Joint. It begins in January, 1997 and continues through June, 1997. We will also be offering 97-2 The Elbow, Forearm and Wrist. This course is scheduled for July-December, 1997. Also, we are co-sponsoring with the Affiliate Assembly, APTA a three month course entitled, Clinical Approach to Diagnosis & Management of Arthritis. This course is scheduled for May-July, 1997. Watch for further details.

Thanks to Paul Beattie, PhD, PT, OCS and Jonathan Cooperman MS, PT, JD, our outgoing HSC editors, for their efforts and contributions in making the HSC series an excellent educational tool.

Current Concepts: A Review of Advanced Orthopaedic Clinical Practice

The second part of our advanced review course will be offered in Orlando, Florida in November. Please see our ad in this issue of *OP* for further details. You may take all five days of the course or select the specific days you wish to attend. Costs will be adjusted accordingly. A valuable aspect of this course is the chance to meet and interact with other physical therapists who have taken or plan to take the specialty certification exam.

1997 Combined Sections Meeting Highlights

This year's meeting will take place in Dallas, Texas from Feb. 12-16, 1997. It begins with a pre-conference course entitled: *Foot Orthoses: The Scientific Basis and Clinical Concepts*. Please see our ad in this issue of *OP* for more details.

A daily schedule of the Orthopaedic programming is provided for you in this issue of *OP*. The November issue of *PT Magazine* includes all Sections' programming and registration forms for the conference.

A special thanks this year to Steve Reischl, Laurie Kenny, Marshall Hagins, Kim Schoensee, Tom Watson, and Gwen Parrott for their assistance in planning our comprehensive Orthopaedic

program.

We begin the conference on Thursday with a Texas-appropriate course entitled: *Cowboy Up! Injuries of Rodeo Athletes*. We end on Sunday with a thought provoking, four hour course entitled: *A Research Based Approach to Low Back Pain*. In between we have a variety of educational programming that includes topics in performing arts, foot and ankle, occupational health, pain management, and manual therapy. Research platform and poster presentations and forums on specialist certification and recertification are also planned.

Take advantage of this opportunity to interact with your colleagues and plan to attend.

Lola Rosenbaum, PT, OCS
Education Program Chair

Orthopaedic Specialty Council Report

I would first like to congratulate the 210 new Orthopaedic Certified Specialists who passed the 1996 examination. This brings the total of Orthopaedic Certified Specialists to 862. Secondly, I would like to welcome Colonel Jean Bryan, PhD, PT, OCS as our newest member of the Orthopaedic Specialty Council. Jeanne is presently the director of the U.S. Army Baylor Physical Therapy program in San Antonio, Texas. She brings a wealth of academic and clinical experience to our council. Thirdly, I would like to stress my appreciation and deep gratitude to our outgoing council chairperson, Mary Ann Sweeney, MS, PT, OCS, whose wisdom, counsel, and excellent organization have guided us through the last four years. She will be sorely missed. Finally, as a new feature, we will have an article in *Orthopaedic Practice* covering one or more aspects of the specialization process. This month's article will deal with the development of test item writing.

William H. O'Grady, MA, PT, OCS,
COMT, FAAPM
Chair, Orthopaedic Specialty Council

Practice Committee Report.

The APTA Orthopaedic Section Practice Committee is receiving calls week-

ly regarding outcome studies, benchmarking and protocols/pathways for care. Callers are being guided to the APTA's *A Guide to Physical Therapist Practice Volume 1*: and to look forward to Volume 2 during 1997. In addition there are projects underway with APTA and various third parties to develop outcomes methodology and possibly benchmarking.

Learn Publications Incorporated of McLean, Virginia (PO Box 6703, McLean, Virginia 22106) has published *Clinical Guidelines and Documentation Templates for Orthopaedic Rehabilitation*. The guidelines, in a notebook format, were written by James A. Hoyme, PT; Robin Peterson, PT; Doug Keiser, PT; and Sara Sternberger, MBA, MHA. Mr. Hoyme indicated the guidelines were originally intended to standardize the information collected in their practice to better enable analysis of outcomes data.

In the authors' words, SMARTTRACKS, as the guidelines are collectively called, are unique because: "These clinical guidelines cover nine clinical conditions, representing more than fifty diagnosis codes.

The documentation forms are provided for your use with the guidelines or as a template for the documentation of your own documentation forms.

SMARTTRACKS is the most comprehensive set of clinical guidelines available today; it provides scientifically based evaluation and treatment guidance to standardize your clinical practice.

SMARTTRACKS also functions as a tool for improving your peer review system, as a syllabus for clinical education, and as a marketing tool for demonstrating clinical and cost effectiveness and treatment consistency to payers and referral sources.

This publication is a useful adjunct toward determining a "best practice" format while allowing sufficient flexibility. It does an admirable job at offering guidelines rather than "cookbook approaches." What is most important, the manual suggests the guidelines be adapted to suit the practice patterns of the therapists who are to adopt their use.

The categories of clinical guidelines are not exhaustive, and some may feel they are overly generalized. The categories have been described with an

inclusive intent which makes good sense for its intended purpose. The categories are organized into Nonoperative and Operative. Cervical strain, shoulder impingement syndrome, knee strain, patellofemoral syndrome, elbow epicondylitis, and ankle strain are included under the nonoperative section. Operative section's inclusions are ACL reconstruction and rotator cuff repair. In addition, there is a section devoted to medical history and another to discharge summary information.

An impression of SMARTTRACKS Clinical Guidelines and Documentation Templates for Orthopaedic Rehabilitation is that this publication is an excellent addition to a clinic's resources. As written or with practitioner modification, the templates are an easy system to follow to standardize any clinics' approach to patient care and documentation. The investment in time and resources required to duplicate the efforts published in this resource book would be far more costly than purchasing the book (\$199) and modifying its templates as necessary.

Additional information regarding SMARTTRACKS can be received from: SMARTTRACKS
c/o Orthopaedic Sports, Inc.
1700 Tower Drive West
Stillwater, MN 55082
(612)351-9371

The Practice Committee welcomes information on clinically relevant resources from physical therapy practitioners. We will review the information and act as a clearinghouse for Orthopaedic Section members. Please send your comments or suggestions to:

Scott Stephens, MS, PT
1316 South Jefferson Street
Roanoke, VA 24016
or call: (540) 982-3689
FAX: (540) 342-3506
E-Mail: SSTEPHENS@APTA.ORG

J. Scott Stephens, MS, PT
Practice Committee Chair

Public Relations Report

The 1996-1998 version of the Resource Manual on developing and implementing special interest groups and orthopaedic study groups is available through the Section office. This publication is available free of cost to all members. There is a \$5 fee to all non-members.

The Sponsor-A-Student program was launched in the Summer issue of OPTP. The purpose of this program is to generate increased student membership while also educating the PT and PTA student about the benefits of belonging to both the APTA and the Orthopaedic Section. Please see the sponsor application form

in this issue for details.

Terri Pericak, Executive Director for the Section, and I attended the 1996 National Student Conclave in Birmingham, Alabama, October 18-20. The Section contributed \$3,000 to co-sponsor the theme party/talent show at the conclave.

Reply cards for our "Student Guest at Combined Sections Meeting" program have been sent to all accredited, entry-level physical therapy schools in the United States and Puerto Rico.

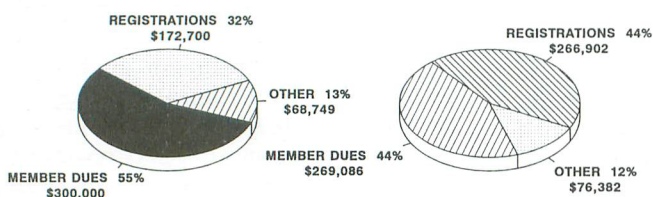
The Media Spokesperson Network continues to grow, with commitments from 113 individuals located in 72 of the top 100 media markets in the United States. We continue to work towards obtaining spokespersons for the remaining markets. In July, the American Physical Therapy Association requested the assistance of the Orthopaedic Section Media Spokesperson Network regarding their "Couch Potato Lifestyle" press release. It was a good opportunity to tap into our network and analyze our Section office procedure in activating the network. Based on this experience, we will make a few changes to improve our efficiency.

Please contact me with any comments or suggestions you may have regarding any of our public relations programs.

Mari Bosworth, PT
Chair, Public Relations

FINANCIAL REPORT

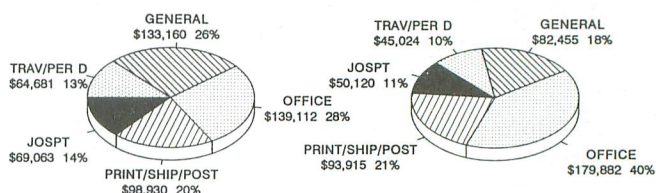
1996 BUDGET TO ACTUAL INCOME: BREAKDOWN - June 30, 1996 (+13.1% over our expected budget)



BUDGETED: \$541,449.90

ACTUAL: \$612,370.18

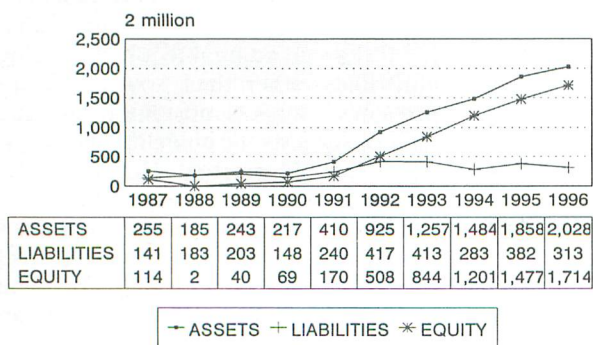
1996 YTD BUDGET TO ACTUAL EXPENSE: BREAKDOWN - June 30, 1996 (-10.6% under our expected budget)



BUDGETED: \$504,946.44

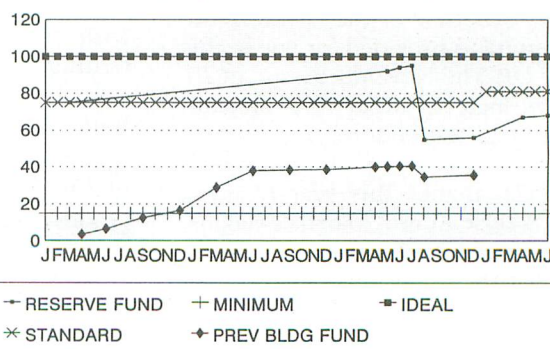
ACTUAL: \$451,396.16

YEAR END FISCAL TRENDS 1987-1996 (1996 data is as of June 30, 1996)



To nearest thousand

RESERVE FUND January 1, 1993 to June 30, 1996



Sponsor-A-Student Program

PURPOSE

To initiate students to the Orthopaedic Section, APTA, Inc., and serve as a liaison and/or assist in the transition for the student preparing to enter the profession of physical therapy.

THE SPONSOR SHALL:

- Assist with introducing the student to the Orthopaedic Section.
- Serve as a role model and a resource for questions.
- Sponsor the student financially by funding one year membership in the Orthopaedic Section.
- The cost for student membership is \$15.00.

QUALIFICATIONS:

The sponsor must be a member of the Orthopaedic Section and interested in promoting the physical therapy profession.

PROCESS:

1. Sponsor will send in Sponsor Application to the Orthopaedic Section office.
2. Office will enter sponsor in computer and send sponsor's application to the PT or PTA programs within that sponsor's area (when possible), or to sponsor's school preference if indicated.
3. School liaison will coordinate with the student's interested in participating; assisting with matching the student with

a sponsor.

4. School will forward students name to the Orthopaedic Section's office.
5. Orthopaedic Section will notify sponsor of his or her student.
6. Sponsor will contact assigned student.
7. An evaluation form will be sent to student participants and sponsors at the end of one year.

WHY GET INVOLVED?

To assist students in the transition from PT or PTA school to professional involvement in the APTA and the Orthopaedic Section.

FOR MORE INFORMATION ON THIS PROJECT, CONTACT THE ORTHOPAEDIC SECTION OFFICE AT 1-800-444-3982.

SPONSOR APPLICATION

NAME: _____ PT ____ PTA ____

Other degree(s) earned: _____

WORK ADDRESS: _____

SCHOOL PREFERENCE (if any): _____

1. Would you be willing to sponsor a student(s) from a different school than the school that you listed? Y N
2. Would you be willing to sponsor a PTA student? Y N

AREAS OF EXPERTISE: (please state in 25 words or less)

AREAS OF PROFESSIONAL INVOLVEMENT:

AREAS OF PRACTICE:

- ____ Ortho ____ Pediatric ____ Geriatrics ____ Private Practice
____ Sports Medicine ____ Hand Rehab ____ Neuro ____ Home Health
____ SNF/ECF/ICF ____ Academic Institution ____ Research ____ Hospital
____ Rehab Ctr (Inpt.) ____ Rehab Ctr (Outpt.) ____ School system
____ Industry ____ Other _____

PLEASE RETURN TO:
ORTHOPAEDIC SECTION, APTA, INC.
2920 East Avenue South
La Crosse, WI 54601

*Pain
Management
Special
Interest
Group,
Orthopaedic
Section,
APTA*

COME CHECK OUT OUR
PROGRAMMING AT
COMBINED SECTIONS
MEETING THIS FEBRUARY!
HOPE TO SEE YOU THERE!

If you would like to become a member and get more involved with the Pain Management SIG, contact Tara Frederickson at the Section office, 800/444-3982, or Tom Watson, President of the PMSIG, 619/291-6282.

The Research Committee of the Orthopaedic Section, APTA is still seeking proposals for our Clinical Research Grant Program.

The deadline for submission of grant proposals is December 1, 1996. To receive an application, call or write to: Clinical Research Grant Program

Orthopaedic Section, APTA, Inc.
2920 East Avenue South
La Crosse, WI 54601
800/444-3982

or E-mail:
orthostaff@centuryinter.net

**Space limitations do not
allow us to print the
following lists:**

**Study Groups
Clinical Research Consultants
Residency Programs
Mentor List**

**If you are interested in
obtaining any of the above
information, please contact
us at 800/444-3982 and we
will gladly mail, FAX or
E-mail the list to you.**

Orthopaedic Section, APTA, Inc.

Bylaws

ARTICLE I. NAME

The name of this organization is the Orthopaedic Section of the American Physical Therapy Association, Incorporated, hereinafter referred to as the Section and the Association.

ARTICLE II. PURPOSE

The purpose of the Section shall be to provide a means by which Association members having a common interest in orthopaedic physical therapy may meet, confer, and promote patient care through education, practice, and research.

ARTICLE III. OBJECTIVES

The objectives of the Section shall be to:

1. Provide for interchange and dissemination of information about current trends and practices related to orthopaedic physical therapy; and
2. Identify resource people and materials, and address areas of concern related to orthopaedic physical therapy; and
3. Foster research in the area of orthopaedic physical therapy; and
4. Promote the development and implementation of orthopaedic specialization and special interests; and
5. Serve as a major source of information on orthopaedic physical therapy for society and the profession of physical therapy.

ARTICLE IV. MEMBERSHIP

Section 1: Classes and Qualifications of Members

The Section's classes and qualifications of membership shall be identical to those of the Association, excluding the classes of Honorary membership and Catherine Worthingham Fellows of the APTA.

Section 2: Rights and Privileges of Members

The rights and privileges of the Section's members shall be identical to those established in the Association's bylaws for the various classes of members at Section and Committee meetings.

In the Section: Active, life, and, with the exception of the office of President, Affiliate and Life Affiliate,

subject to additional eligibility requirements in the Section bylaws. (Article IV Membership, Section 2: Rights and Privileges of Members, B.)

Section 3: Application for and Admission to Membership

The payment of Section dues by active, affiliate, graduate student, student, and student affiliate members in good standing in the Association shall constitute application for and admission to Section membership. Signed applications without payment of dues from life and life affiliate members in good standing in the Association shall constitute application for and admission to Section membership.

Section 4: Good Standing

An individual member is in good standing within the meaning of these bylaws if the member is in good standing in the Association.

Section 5: Disciplinary Action

- A. Any member of the Section who is expelled from membership in the Association shall be expelled from Section membership.
- B. Any member of the Section who fails to make timely payment of required Section dues shall be expelled from Section membership.

Section 6: Reinstatement

Any former member of the Section who is in good standing in the Association may be reinstated to membership in the Section by payment of the required Section dues.

ARTICLE V. REGIONAL AND SPECIAL INTEREST GROUPS

Section 1: Regional Groups

- A. Name
The name of these regional groups is Orthopaedic Study Groups.
- B. Purpose
Members of the Section residing or working in a defined geographical region may meet, confer, and promote their interests in orthopaedic physical therapy and the interests of their respective region.

- C. Formation and Dissolution
Regional groups of the Section may be established and dissolved in accordance with the rules and conditions set down by the Section's Board of Directors.

Section 2: Special Interest Groups

- A. Name
The names of the special interest groups are Occupational Health Physical Therapy Special Interest Group, Foot and Ankle Special Interest Group, Performing Arts Special Interest Group, and Pain Management Special Interest Group.
- B. Purpose
Members of the Section having a common interest in a special interest group may meet, confer, and promote the interests of their respective special interest group.
- C. Formation and Dissolution
Special interest groups of the Section may be established and dissolved in accordance with the rules and conditions set down by the Section's Board of Directors.

Section 3:

The Section shall not be obligated for any debts incurred by a regional or special interest group unless the group has been specifically authorized in writing by the Section's governing body to act on behalf of the Section's governing body.

Section 4: Limitations

- Regional and Special Interest Groups are subject to the following limitations:
- A. Bylaws and policies of the Section.
 - B. No regional or special interest group shall profess or imply that it speaks for or represents the Section or members other than those currently holding membership in the regional or special interest group unless authorized to do so in writing by the Section's governing body.

ARTICLE VI. MEETINGS

Section 1:

The Section shall hold an annual meeting of the Section membership for the conduct of business at the time and place of the Association Combined Sections

Meeting. Attendance is limited to Section members and invited guests approved by the Board of Directors.

Section 2:

The Section shall hold two (2) informational meetings with the Section membership each year, whenever possible. One in July at the 'Current Concepts: A Review of Advanced Orthopaedic Clinical Practice' course and the second at the time and place of the Association Scientific Meeting and Exhibition. Attendance is limited to Section members and invited guests approved by the Board of Directors.

Section 3:

Additional meetings may be held at the call of the President or Board of Directors, and shall be held at the request of twenty (20) members, provided there is no conflict with Association functions.

Section 4:

Notice of time and place of business meetings shall be sent to all Section members at least thirty (30) days prior to the meeting.

Section 5:

An educational or professional program may be presented at any Section meeting. A program held at the time of the Association meeting must be coordinated with the Association schedule.

Section 6:

The Section shall submit Section Business Meeting minutes to Association headquarters within 60 days of the meeting and submit election results and program summaries within 30 days.

Section 7:

A quorum shall consist of twenty (20) members present at the meeting.

ARTICLE VII. BOARD OF DIRECTORS AND OFFICERS

Section 1: Composition

The Board of Directors shall consist of the President, Vice-President, Treasurer, Immediate-Past President, two Directors, Education Program Chair, Research Committee Chair, and Executive Director.

#1

MOVE TO AMEND ARTICLE VII. BOARD OF DIRECTORS, SECTION 1 BY: Adding the Practice Committee Chair after the Research Committee Chair.

SS: The Practice Committee Chair plays a vital role in informing the Board of issues which may need the action of the Section and should sit on the Board of Directors as a non-voting member.

Section 2: Qualifications

A. Only such members of the Section in good standing as are provided for in the Association bylaws, Article IV, Section 2, Sub-paragraph B. (3). b shall be eligible for election to office.

Affiliates and life affiliates may hold office subject to the limitations specified in the Association bylaws, Article V., Section 4, Sub-paragraph C.

B. Voting on the Board of Directors

1. The President, Vice-President, Treasurer, and two Directors shall have the right to vote.

2. The Immediate-Past President, Education Program Chair, Research Committee Chair, and Executive Director shall have all rights except the right to vote on the Board of Directors.

#2

MOVE TO AMEND ARTICLE VII. BOARD OF DIRECTORS, SECTION 2B2 BY: Adding the Practice Committee Chair after the Research Committee Chair.

SS: To be consistent with the other chairpersons who sit on the Board as non-voting members.

Section 3: Terms and Vacancies

A. Officers shall be elected for a term of three (3) years or until their successors are elected.

B. No member shall be elected to serve more than two (2) full consecutive terms in the same office.

A member who has served at least one and a half (1½) years of a three (3) year term shall be considered to have served a full term in that position.

C. No elected member shall serve more than four (4) complete consecutive terms on the Board of Directors.

D. The Immediate-Past President shall serve for one year in an advisory capacity on the Board of Directors.

E. The President shall appoint eligible members in good standing to fill any vacancy or unexpired term which occurs in an elected office, in accordance with the requirements of these bylaws. Upon a majority vote of approval by the Board of Directors, the appointee shall serve for the remainder of the unexpired term.

Section 4: Officers

The elected officers shall be the President, Vice-President, Treasurer, and two

Directors.

A. The President shall:

1. Call special meetings; and
2. Preside at all meetings of the Board of Directors; and
3. Be an ex officio member of all committees except the Nominating Committee; and

4. Create and appoint all special and advisory committees necessary to accomplish the functions of the Section, with the advice and consent of the Board of Directors; and
5. Submit the Annual Report to the Association and such other reports as may be required by the Association Board of Directors by February 15.

B. The Vice-President shall:

1. Assume the duties of the President if absent or incapacitated. In the event of a vacancy in the office of the President shall succeed to the Presidency for the remainder of the unexpired term, and the office of Vice-President shall be declared vacant; and

2. Be an ex officio member of all designated committees as outlined in the Strategic Planning programs.

C. The two Directors shall:

1. Review and recommend amendment of the Section Bylaws and Section Policies and Procedures in agreement with Association Bylaws and directives from the Section membership or Section Board of Directors.

2. Serve as Liaison officers between the Nominating Committee and the Board of Directors.

3. Be ex officio members of all designated Committees as outlined in the Strategic Planning programs.

D. The Treasurer shall:

1. Oversee the maintenance of complete and accurate financial records which shall be audited annually by a Certified Public Accountant, and shall submit the audited report in writing to the Board of Directors, and to the Association by April 15; and

2. Submit an annual financial report and proposed budget to the Board of Directors; and

3. Oversee the collection and disbursement of monies as mandated by the Section or the Board of Directors; and

4. Serve on the Finance Committee

as Chairperson.

Section 5: Duties

- A. The Board of Directors shall carry out the mandates and policies of the Section membership. Between meetings of the membership, the Board of Directors may make and enforce policies which are consistent with the Bylaws and policies of the Section.
- B. The Board of Directors shall appoint a Section Delegate and an alternate at the annual meeting.
- C. The Board of Directors shall hire an Executive Director. The Executive Director shall act as secretary and serve at the discretion of the Board of Directors. The Executive Director shall keep the official minutes of all Board of Director and Executive Committee meetings of the Section.
- D. The Board of Directors shall appoint the Education Program Chair. The Education Program Chair shall serve at the discretion of the Board of Directors.
- E. The Board of Directors shall approve meeting minutes taken by the Executive Director.

Section 6: Conduct of Business

- A. Frequency of Meetings
The Board of Directors will meet at least three (3) times per year; during the Combined Sections Meeting of the Association, during the Association Scientific Meeting and Exhibition, and at the Fall Board of Directors meeting of the Section.
- B. Special Meetings
Additional Board of Director meetings may be held during the course of the calendar year as deemed necessary by the President.
- C. Notice of Meetings
Notice of the time and place of meetings shall be determined by the President.
- D. Quorum
A quorum shall consist of two-thirds ($\frac{2}{3}$) of the voting (elected) Board members present at a meeting.

ARTICLE VIII. COMMITTEES

Section 1: Standing Committees

- A. Names
The standing committees shall be the Education Program, *Orthopaedic Physical Therapy Practice*, Research, Specialization, Finance, Practice, Public Relations, Awards, and Nominating.
- B. Appointment and Tenure

The chairpersons of the standing committees shall serve for a term of three (3) years or until their successors are appointed. Committee members shall also serve for a term of three (3) years. Committee members and chairpersons shall be appointed by the Section President with the advice of the Board of Directors. Committee members and chairpersons shall be current Section members in good standing.

C. Vacancies

Vacancies on a committee due to death, resignation, or the failure to perform assigned duties, may be filled by a majority vote of the Board of Directors.

Section 2: Finance Committee

- A. The Finance Committee shall consist of at least four (4) members, one of whom is the Treasurer, and each member shall serve a term of three (3) years.
- B. The Treasurer shall be the Chair of the Finance Committee and the committee members shall be appointed by the Section President with the advice of the Board of Directors.

#3

MOVE TO AMEND ARTICLE VIII. COMMITTEES, SECTION 2B BY: Changing the word advice to approve. **SS:** The Finance Committee members should be approved by the entire Board of Directors because of the fiscal nature of their responsibilities.

- C. Committee members shall be current Section members in good standing.

Section 3: Nominating Committee

- A. The Nominating Committee shall consist of three (3) eligible members in good standing, each of whom shall serve for three (3) years.
- B. One member shall be elected by the Section membership each year.

Section 4: Special Committees

Such special committees as the Section or the Board of Directors may deem necessary shall be appointed by the President, with the advice and consent of the Board of Directors. Committee members and chairpersons shall be current Section members in good standing.

ARTICLE IX: Official Publications

- A. Orthopaedic Section and Sports Section
 1. *The Journal of Orthopaedic and*

Sports Physical Therapy is an official publication of the Orthopaedic Section and the Sports Physical Therapy Section. It is to be edited by an Editor contracted by the Executive Committee/Board of Directors of both Sections.

2. *Orthopaedic Physical Therapy Practice* is an official publication of the Orthopaedic Section.

- B. Publication in *Orthopaedic Physical Therapy Practice* or *The Journal of Orthopaedic Physical Therapy Practice* or *The Journal of Orthopaedic Physical Therapy Practice* shall constitute official notice to all members, provided *Orthopaedic Physical Therapy Practice* or *The Journal of Orthopaedic Physical Therapy Practice* has been mailed thirty (30) days prior to the meeting date, or deadline for receipt of a mailed ballot.

ARTICLE X. DELEGATE TO THE ASSOCIATION'S HOUSE OF DELEGATES

Section 1: Selection

A Section Delegate and alternate shall be appointed by the Board of Directors at the Annual Meeting.

Section 2: Qualification

- A. Only active graduate students or affiliate members who have been members in good standing for two (2) years immediately preceding may serve as a Section Delegate.
- B. The Section Delegate may not also serve as a Chapter Delegate.

Section 3: Length and Number of Terms

- A. The Section Delegate and alternate shall serve for a two (2) year term.
- B. The Association shall be notified of the Section Delegate and alternate's names, addresses, telephone numbers, and terms no later than March 1st of each year, with additions and changes sent within two weeks of their selection.
- C. The Section shall be represented in the House of Delegates annually.

ARTICLE XI. ELECTIONS

Section 1: Nominations and Offices

- A. Only those active and life members giving written consent to serve if elected may be nominated. Nominations shall be compiled by the Nominating Committee into a slate of candidates which shall be published in *Orthopaedic Physical Therapy Practice*.
- B. The President and Vice-President

- shall be elected in the same year.
- C. The Treasurer and one director shall be elected in the second year and one director in the third year. The yearly election sequence shall be sequenced: 1) One Director; 2) President and Vice-President; and 3) Treasurer and Second Director ad infinitum.
 - D. Newly elected officers shall assume office at the close of the Annual Business Meeting.
 - E. Nominees for Treasurer shall have served on the Finance Committee for no less than one (1) year from the time they would assume the office of Treasurer at the end of the Annual Business Meeting. Exceptions to this can be considered by mutual agreement between the Finance Committee and the Board of Directors.

Section 2: Election Ballot

- A. Elections shall be conducted via mailed ballot in November of each year and coordinated by the Nominating Committee. The results of the election shall be announced at the Annual Business meeting.

#4

MOVE TO AMEND ARTICLE XI. ELECTIONS, SECTION 2A BY: Adding a second sentence which reads, "A minimum return of mail-in ballots consisting of five (5) percent of valid returned ballots is required for the election to be valid."

SS: A minimum return of mail-in ballots should be required for a mail ballot to be valid. Otherwise, one returned ballot would carry the issue, if it was the only one. This is like setting a quorum at a meeting.

- B. Election of an officer shall be made between two (2) candidates, whenever possible, when a candidate receives a majority of the ballots cast. In the case where members vote for more than two (2) candidates, that candidate who receives the plurality of the votes of the ballots cast shall be declared elected. All ties shall be broken by drawing of lots by the Nominating Committee.

ARTICLE XII. FINANCE

Section 1: Fiscal Year

The fiscal year of the Section shall be the same as that of the American Physical Therapy Association, from January 1 to December 31.

Section 2: Limitation on Expenditures

No officer, employee or committee shall expend any money not provided in the budget as adopted, or spend any money in excess of the budget allotment, except by order of the Section's governing body. The governing body shall not commit the Section to any financial obligation in excess of its current financial resources (Article X, Section 2).

Section 3: Dues

- A. Annual dues shall be fifty dollars (\$50.00) for active members, thirty dollars (\$30.00) for affiliate members, fifteen dollars (\$15.00) for graduate students, students and affiliate student members, and no dollars for life and honorary members. Changes in dues are to be recommended by the Finance Committee to the Board of Directors, which in turn makes recommendations to the Section membership. Changes approved by the Section must also meet Association approval before August 1st and shall become effective on the first day of the next fiscal year.

* Dues for student or student affiliate members applying for active or affiliate membership shall be one-third ($\frac{1}{3}$) the regular active or affiliate dues for the first year, two-thirds ($\frac{2}{3}$) the regular active or affiliate membership dues for the second year, and full dues beginning the third year, according to procedures established by the Board.

- B. All dues shall be for the period specified in the Association Bylaws.
- C. All dues changes approved by the Section membership and approved by the Association's Board of Directors before the Association's deadline will become effective on the first of the Section's next fiscal year.
- D. Before the expiration of twelve (12) months of membership, Section dues for the ensuing twelve (12) months shall be received by the Association. Section members whose dues have not been received at such time shall be considered not in good standing in the Section, and his/her Section membership shall be revoked on that date by the Association.
- E. Persons wishing to join the Section or former members wishing to be reinstated shall pay current Section dues to the Association, which payment shall entitle them to membership

in the Section until such time as they are billed for Association dues.

Section 4: Special Interest Groups

Dues may be levied by Section special interest groups, however, non-payment of special interest group dues shall not carry punitive action at the Section or National level. All special interest group dues are collected by the Section.

ARTICLE XIII. DISSOLUTION

Section 1:

The Section may be involuntarily dissolved in accordance with the Association's Bylaws.

Section 2:

The Section may dissolve subject to a recommendation to dissolve supported by a no less than two-thirds ($\frac{2}{3}$) vote of the members of the Section's Board of Directors and adopted by two-thirds ($\frac{2}{3}$) of the Section's members.

Section 3:

In the event that the Section is dissolved, all property and records of the Section shall, after payment of its bona fide debts, be conveyed to the Association.

ARTICLE XIV. PARLIAMENTARY AUTHORITY

The rules contained in the current edition of 'Robert's Rules of Order Newly Revised' shall govern the Section in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any rules of order adopted by the Section.

ARTICLE XV. AMENDMENTS

Section 1:

The Section Bylaws may be amended in whole or in part by two-thirds ($\frac{2}{3}$) of the members present and voting at the annual business meeting of the Section, providing a copy of the proposed amendment(s) has been sent to all members at least thirty (30) days prior to the ballot return deadline. The amendments shall be in effect only after approval by the Board of Directors of the Association.

#5

MOVE TO AMEND ARTICLE XV. AMENDMENTS, SECTION 1 BY: Replacing with the following; "The Section Bylaws shall be amended in whole or in part via a mailed ballot. A minimum return of mail-in ballots consisting of five (5) percent of valid returned ballots is required for an amendment change to be valid. A two-thirds ($\frac{2}{3}$)

vote of the returned valid ballots in favor of the proposed amendment change is necessary to adopt an amendment change. The proposed amendment(s) shall be referred to the Board of Directors at least thirty (30) days prior to being discussed by the membership at the annual Section business meeting. Following the annual Section business meeting the proposed amendment(s) shall be published in an official publication of the Section or in a separate mailing and shall be sent to all members at least thirty (30) days prior to the ballot deadline.

SS: A minimum return of mail-in ballots should be required for a mail ballot to be valid. Otherwise, one returned ballot would carry the issue, if it was the only one. This is like setting a quorum at a meeting.

Section 2:

When Association Bylaws have been amended so as to require amendment of the Section Bylaws, the Directors shall prepare the necessary amendments and submit them to the Board of Directors of the Section for approval. Notification of the approved amendments shall be sent via *Orthopaedic Physical Therapy Practice* to each member of the Section in the next issue after Board of Director's approval. (Exception: Changes in Section dues which become effective on the first of the Section's next fiscal year following approval). The amended Section Bylaws must be submitted to the Board of Directors of the Association for approval. Such changes in Bylaws mandated by the Association will not require a vote of the Section members but will be automatically adopted, upon approval of the Board of Directors of the Association.

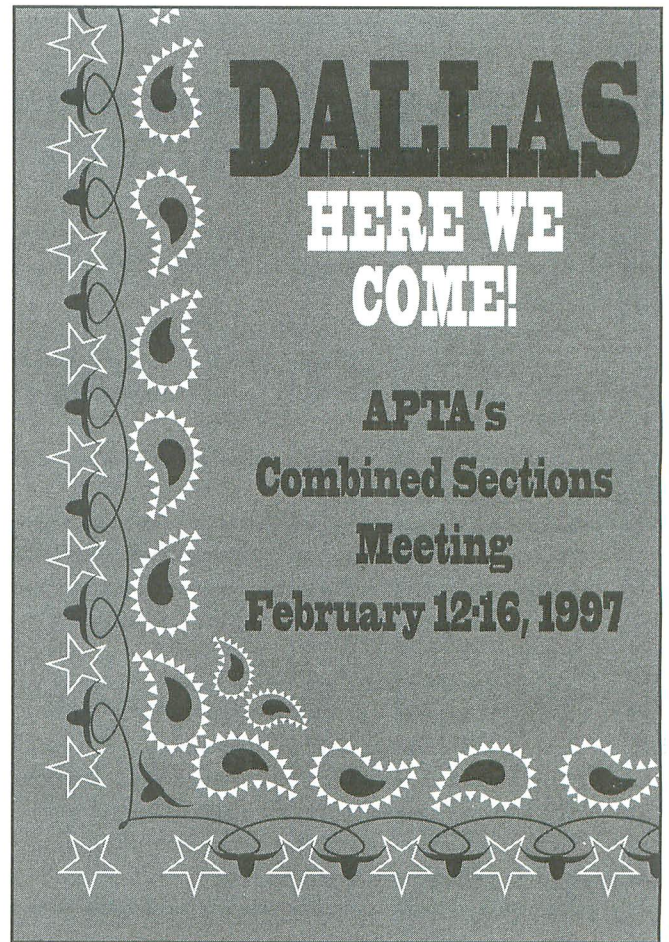
Section 3:

If the intent of an amendment is editorial or to bring the Section's bylaws into agreement with those of the Association, the amendment shall be made as required by the Directors and approved by the Board of Directors. The Directors shall notify the Section's membership of such amendment.

ARTICLE XVI. ASSOCIATION AS HIGHER AUTHORITY

In addition to these Bylaws, the Section is governed by the Association Bylaws and Standing Rules, and by Association policies.

Adopted (August 1984), Amended February 1986, December 1988, August 1990, July 1991, March 1993, and February 1996.



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AWARD FOR EXCELLENCE IN TEACHING OF ORTHOPAEDIC PHYSICAL THERAPY



PURPOSE

To recognize and support excellence in instructing OPT principles and techniques through the acknowledgment of an individual with exemplary teaching skills.

ELIGIBILITY

1. The nominee must be a member in good standing of the Orthopaedic Section of the APTA. The nominee must have taught or presently be teaching either physical therapy or physical therapy assistant students the principles and clinical applications of Orthopaedic Physical Therapy for five years or more.
2. The nominee may be either a faculty member (full-time or adjunct) or a clinical instructor of an accredited physical therapy or physical therapy assistant program.
3. Members of the Section Awards Committee are excluded from eligibility during their term of office.

CRITERIA FOR SELECTION

The Awards Committee will consider the following as guidelines in the selection process:

1. The instructor devotes the majority of his professional career to student education.
2. The instructor teaches from a sound, comprehensive, and current knowledge base, integrating basic science with the principles of orthopaedic physical therapy.
3. The instructor demonstrates excellence in instructional methods, presentation techniques, planning and organizational skills, and the ability to motivate students.
4. The instructor serves as a mentor and role model with evidence of strong student rapport.
5. Teaching materials are innovative and well-designed.
6. Instructional techniques are intellectually challenging and promote retention or necessary knowledge and skills.
7. The instructor demonstrates an ability to relate academic knowledge to clinical practice.
8. The instructor displays objectivity in the evaluation and presentation of ideas, hypotheses, and concepts.
9. The instructor is receptive to student and peer feedback.

PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the award.
2. One original typewritten set and four duplicates of all materials submitted for each nomination must be received by the Executive Director at Section office by December 1 for consideration for the award in the following year.
3. The materials to be completed and submitted for each nomination shall include the following:
 - a. A support statement from the nominator, highlighting reasons for the nomination and clarifying the relationship between the nominator and nominee.
 - b. A support statement from at least one faculty member from all physical therapy or physical therapy assistant educational programs with which the nominee is affiliated.
 - c. Support statements from at least two professional colleagues.
 - d. Support statements from at least two current and/or former students. If the nominee is a clinical instructor, the clinical education experience must be full-time for a minimum of six weeks.
 - e. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

PROCEDURES FOR REVIEW AND SELECTION

1. Nomination materials shall be submitted to the Section office. The Section office will retain the original set of materials and will provide the Awards Committee with copies for review.
2. The Awards Committee will review the nominations and recommend a recipient to the Executive Committee.
3. Any members of the Awards Committee who are closely associated with the nominee will abstain from participating in the review and selection process.
4. The award will be presented only if there are qualified candidates, and one is selected.
5. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
6. Nomination materials will not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in a subsequent year. New nomination materials must be submitted in subsequent years.

NOTIFICATION OF AWARD

1. The recipient of the award will be notified by the Section president.
2. Those nominees not selected will be so informed in writing.
3. The nominators of individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.
4. The confidentiality of the Excellence in OPT Teaching Award will be maintained until the recipient has been notified.

THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the round trip coach airfare from any site in the United States or Canada to the APTA Annual Conference Meeting site, two day per diem, consistent with the Section's current reimbursement rates and one day's conference registration.
2. The award will consist of an appropriate plaque and a \$250.00 honorarium.
3. The award will be presented at the APTA Annual Meeting (CSM) by the Chair of the Awards Committee.

Occupational Health Physical Therapists Special Interest Group Orthopaedic Section, APTA, Inc.



Newsletter

WINTER 1996

VOLUME 3, NUMBER 4

PRESIDENT'S MESSAGE

It is hard to believe that summer is over. The Olympics were very entertaining and spectacular. The change to fall is not very far away. This means back to school, winter sports, the presidential election, and probably more changes in the health care system. The changes in health care have not been as predictable in the past few years. Some of the changes have been good and some not so good. Even though change poses a number of threats, it can also provide opportunities.

Physical therapists, whose practice is in occupational health, are beginning to see some very positive changes and new opportunities. Many of the players in the work injury market are seeing the benefit of working closely with physical therapists, who specialize in occupational health. Therapists who are taking their practice out of the clinic and into the factory are seeing new business opportunities. As managed care and other changes eat away at the clinical side of health care, the nonclinic business such as ergonomic job analysis, prework screens, work injury prevention education, and return to work programs are growing.

To assist the physical therapy community in establishing itself as a major player in this developing market, the Occupational Health Special Interest Group is developing a number of documents that will help define our roles and the services that we have to offer. These documents will provide assistance to therapists in developing their occupational health programs and will define our services to payers, employers, managed care organizations, attorneys,

governmental agencies, etc. The first of these documents was developed a few years ago by the APTA and entitled "Guidelines for Work Hardening and Work Conditioning." This was developed with a great deal of input from the membership and has been approved by the Orthopaedic Section Board of Directors, and has been submitted to the APTA Board of Directors for acceptance as an APTA definition.

The SIG is working with the Department of Practice at APTA in developing guidelines for acute physical therapy for work related injuries. This document is now being reviewed by membership and will be submitted to the APTA Board of Directors later this Fall. The SIG will be pulling together task forces to develop guidelines for functional capacity evaluations, work injury prevention education, and other documents that will benefit the profession. In addition, the topics of Occupational Health Physical Therapy Specialization and Ergonomic Certification are being discussed.

The third annual APTA Workers' Compensation Focus Group will be meeting October 26-27, 1996. This has been a joint project with the APTA, Orthopaedic Section, and Private Practice Section. Each chapter is asked to send a representative. The intent of the group is to pull the resources of the three sponsoring groups to focus on the area of workers' compensation and physical therapy. For more information, contact your Chapter office at the Department of Reimbursement at APTA.

Discussions will be held with the American Occupational Therapy Association's Occupational Health SIG to

explore areas where we can collaborate. The issues impacting our two organizations are similar. Jointly developing strategies and combining our resources may prove to be very beneficial to all parties concerned.

As you can see we have a busy agenda. If there are more areas that we need to focus our efforts on, please do not hesitate to contact one of the SIG officers or the Orthopaedic Section. Your input is very important. Get involved! It is the only way that your concerns and needs can be addressed.

*Dennis D. Isernhagen, PT
President, OHPTSIG*

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DISCLAIMER

The summaries of articles and the opinions expressed by authors are provided for information only and do not necessarily reflect the views of the authors, OHPTSIG or the Orthopaedic Section of the APTA.

OHPTSIG PRACTICE AND REIMBURSEMENT COMMITTEE UNDER NEW MANAGEMENT

We are proud to announce that Bonnie K. Sussman, MEd, PT has been appointed as the new chair of the OHPTSIG Practice and Reimbursement Committee. Bonnie agreed to take the chair of this committee in February and was recommended for appointment by President Dennis Isernhagen, PT in March 1996. Bonnie majored in Allied Health Professions at the University of Maryland 1973-1975. She graduated with a BS degree in Physical Therapy from New York University in 1977, then received her MEd from the University of Vermont (emphasis on adult education, patient education, and public health) in 1990.

In addition to being married and the mother of one son, Bonnie currently serves as Clinical Manager for Rehabilitation Services at Dartmouth-Hitchcock Medical Center in Lebanon, NH. She has had extensive experience in Occupational Health and Industrial Rehabilitation as well as acute, sub-acute, and chronic inpatient and outpatient rehabilitative care. She had attended many post-graduate continuing education courses including topics such as ergonomic job analysis, cumulative trauma, orthopaedic differential diagnosis, ADA, NIOSH lift guidelines, CAIRE work injury management, and issues in health care reform. Bonnie has given numerous presentations on varied clinical and administrative topics, worked on development and implementation of the Occupational Health Program at Dartmouth-Hitchcock Medical Center, and led the improvement effort for the in-house injury management program for center employees.

Under Bonnie's guidance, the OHPTSIG Practice and Reimbursement Committee will embark on many exciting projects in 1996-1997. These include development of guidelines for Functional Capacity Evaluations, occupational health PT reimbursement parameters, and exploring certification for Occupational Health Physical Therapists. Join the President and Executive Board Members of OHPTSIG in welcoming Bonnie to our ranks. If you have ideas, suggestions, or if you wish to volunteer your time and expertise on the Practice

and Reimbursement Committee, Bonnie can be reached at:

Bonnie K. Sussman, MEd, PT
Cioffredi and Associates
Chiron Springs Office Building
P.O. Box 727 Lebanon, NH 03766
Phone and FAX: (603)650-5222
E-mail:
Bonnie.Sussman@Dartmouth.edu

ED BARNARD, PT ASSUMES OHPTSIG TREASURER POSITION

Thank you Ed Barnard, PT from Reno, Nevada who has agreed to accept the appointment made to complete the vacant term of OHPTSIG Treasurer after the resignation of Mike Burke, PT in December 1996. Through February 1997, Ed will serve on the OHPTSIG Executive Board. He will oversee all budgeting and monetary disbursements providing for the implementation of the OHPTSIG strategic plan. It is our pleasure to welcome Ed to the OHPTSIG Board. His hard work and dedication are greatly appreciated.

SECRETARY'S CORNER

Welcome Fall's cool weather after the long, hot summer. The Olympics in Atlanta and the PGA in Louisville are just two hallmarks of the wonderful summer season past yet not forgotten. In talking with colleagues all over the country, physical therapists have been very busy not only in our clinics, but also in industry doing education, injury prevention, job analysis, and providing on-site physical therapy and work fitness services. Competent and dedicated occupational health physical therapists work year round, service all industrial shifts, function in various industrial climates and environments, and interact with company employees, management, and staff on a level that is very unique as compared to the medical model within which we tend to relate comfortably.

The APTA, Orthopaedic Section, and the OHPTSIG are aware that you are doing meaningful things in industry that will serve to alter the complexion of physical therapy as a profession both now and in years to come. Unfortunately, much of your work is not recognized because you are not educating your

peers and colleagues. Our OHPTSIG newsletter is an excellent vehicle in which to publish relevant occupational health physical therapy articles and news. We need several publication submissions each quarter. It would be a great team effort if each OHPTSIG member would write and submit an article for an upcoming newsletter. Our SIG needs your support and our profession needs your ideas and knowledge. Please send articles, practice issues, and news briefs in a double spaced format, two hard copies or by FAX/E-mail, to Bobbie Kayser, PT, OHPTSIG Publications Committee Chair and newsletter editor:

c/o Physiotherapy Associates
6400 Dutchman's Parkway, Suite 20
Louisville, KY 40205
FAX (502)897-0042
E-MAIL bkayser@juno.com

NEWS BRIEFS:

OSHA GIVEN RIGHTS TO REGULATE ERGONOMIC WORK CONDITIONS

While declining to rule if OSHA has the right to regulate ergonomic work conditions, a federal appeals court has granted the agency the right to require ergonomic-type records from a company. OSHA inspected a Newport, NH company for alleged air quality violations, yet once at the facility, informed the company that it was also under investigation for ergonomic problems. OSHA issued an administrative subpoena to the company, requesting manufacturing process, employee training, and on-the-job injuries information. The company said this document request was "abusive" and that it would comply only if OSHA would not use these documents to issue citations. OSHA refused and went to the U.S. District Court for an enforcement. When the court ordered the company to comply, an appeal was filed which was lost in federal appeals court.

When ruling in OSHA's favor, the court stated that there was no case law that completely barred OSHA from regulating ergonomics. More importantly, the court said a subpoena enforcement case was not the place for deciding OSHA's ergonomic regulation authority.

ERGONOMIC GUIDELINES MOVE SLOWLY

The much anticipated ergonomics guidelines: ANSI Z-365 and ANSI/HFES 100.

These have moved a step closer to becoming public but still must overcome administrative details prior to release. The American National Standards Institute/Human Factors and Ergonomics Society 100 document appears closest to field and public review where stakeholders may read the guidelines and suggest additions and deletions. Once approved, the document will be opened for public comment. The ANSI/HFES 100 committee will collect and respond to comments.

Steven's OSHA Week, May 27, 1996, Volume 7, No. 22. (both briefs above)

Membership in the Occupational Health SIG is open to any member of the Orthopaedic Section. To join, simply contact Tara Fredrickson at the Section office, 1-800-444-3982.

President:

Dennis Isernhagen, PT
ph: 218/722-1399
FAX: 218/722-1395
E-mail: DDIIWIN@AOL.COM

Education Committee Chair:

Gwen Parrott, PT
ph: 502/493-0031
FAX: 502/493-8182

Vice President:

Mark Anderson, PT
ph: 612/368-9214
FAX: 612/368-9249
E-mail: 76524.1134@compuserve.com

Practice & Reimbursement Committee Chair:

Bonnie Sussman, PT, Med
ph: 603/650-5222
FAX: 603/650-5222
E-mail:

Secretary:

Robert Kayser, PT
ph: 502/897-0100
FAX: 502/897-0042
E-mail: bkayser@juno.com

Bonnie.Sussman@Dartmouth.edu

Research Committee Chair:

Scott Minor, PT, PhD
ph: 314/286-1432
FAX: 314/286-1410
E-mail: minors@medicine.wustl.edu

Treasurer:

Ed Barnard, PT
ph: 702/856-5555
FAX: 702/856-3708
E-mail: ebarnard@aspden.reno.nv.us.

Nominating Committee Chair:

Helene Fearon, PT
ph: 602/997-7844
FAX: 602/997-8020

By-laws Committee Chair:

Kathy Lewis, PT, JD
ph: 806/354-5595
FAX: 806/354-5591
E-mail: klewis@cortex.ttuhsca.ama.edu

Advisory Group on Ergonomics:

Mark Anderson, PT
ph: 612/368-9214
FAX: 612/368-9249
E-mail: 76524.1134@compuserve.com

CALL FOR NOMINATIONS

The Nominating Committee of the Orthopaedic Section's Occupational Health Physical Therapists SIG is soliciting candidates for the offices of President, Treasurer and Member of the Nominating Committee. The election will be held via mail ballot. Watch for your ballot in December!

If you wish to be more involved and contribute to the growth and development of the Occupational Health Physical Therapy, please contact the Chair of the Nominating Committee or Tara Fredrickson at the Orthopaedic Section office, 1-800-444-3982.

Performing Arts Special Interest Group

Orthopaedic Section, APTA

CSM '97 PASIG Programming Preview

On behalf of the PASIG, we would like to thank all who participated in the Combined Sections Meeting in Atlanta. We have an exciting program planned for the 1997 Combined Sections Meeting in Dallas. We would like to extend a warm invitation to all who feel they might have an interest in the treatment of the performing artist. One of the objectives of the PASIG is to disseminate information regarding treatment of the performing artist to a broad spectrum of therapists.

For physical therapists who are new to treating performing artists, we have scheduled two "hands on" interactive workshops to address the basic science of dance medicine. Experience a dance class, hold a musical instrument, and learn the vocabulary. Nick Quarrier, Director of the Ithaca College Physical Therapy Clinic, will present an introduction to the treatment of musicians. This will include basic terminology of instrumental performance, fundamental positioning of some common instruments, and evaluation of faulty postures. Marika Molnar, Director of Westside Dance Physical Therapy which is affiliated with New York City Ballet, will present an introduction to the treatment of dancers. Participants will learn about basic dance terminology, positions, and biomechanical evaluation by participating in a beginner dance class. Two subsequent workshops will build upon Marika's presentation. Peter Marshall, who has worked as company physical therapist to Mikhail Baryshnikov and White Oak Dance Project, American Ballet Theatre, and Joffrey Ballet, will discuss patterns of joint dysfunction and manual treatment of the classical dancers' foot. Katy Keller, from Westside Dance Physical Therapy, will lecture on the identification and treatment of lumbopelvic asymmetries in dancers.

CSM '97 PASIG Reception and Evening of Dance

PASIG will host a reception at the 1997 Combined Sections Meeting on Thursday, February 13 from 6:30-7:30, in conjunction with a performance by the Dallas Black Dance Theater. The Dallas Black Dance Theater recently participated in the Olympic Arts Festival at the 1996 Atlanta Olympics, with sparkling reviews by New York critics. A block of tickets will be reserved for purchase by PASIG members and supporters. It is often at these events that valuable networking and unforgettable memories are made. We hope you'll join us. More information can be obtained in our next newsletter.

Call for Programming Ideas for CSM '98

It's never too early to start planning for the next Combined Sections Meeting. Let us know what you'd like to see as part of the PASIG programming or if you'd like to present. Some suggestions to date include combined programming with other SIGs for topics such as: foot and ankle problems of dancers (with Foot and Ankle SIG), hand disorders in musicians (with Hand Section). Our deadline for informal suggestions is 2/1/97, so that we can discuss ideas at CSM Dallas. Contact Marshall Hagins, our Programming Chair, directly or through the Orthopaedic Section office.

Blow Your Horn: Members Report

In the hopes that the members can get to know each other better, this column will report on PASIG members' activities in the performing arts. Let us know what you're up to!

PASIG Executive Committee members attended the combined IADMS-PAMA conference in July at Aspen. PASIG Vice-President, Marshall Hagins, presented "Clinical Strategies for Facilitating Muscular Support of Turn-Out."

Marika Molnar, PASIG Nominating

Chair, ran an outreach program for Aspen dance students. International Association for Dance Medicine and Science (IADMS) and Performing Arts Medicine Association (PAMA) provide excellent opportunities for interdisciplinary collaboration and communication. We would like to encourage our members to get involved and present! For information about IADMS call (612)922-0156 and PAMA call (909)799-2101.

PASIG Treasurer, Jennifer Gamboa announces the opening of her private practice specializing in orthopaedic and performing arts physical therapy called Body Dynamics Rehab Services.

Andrea DeStefano, Brent Anderson, and Shaw Bronner are developing a dance medicine course for Healthsouth employees.

PASIG Secretary, Shaw Bronner recently went to the Arts Festival at the Atlanta Olympics as the physical therapist for Alvin Ailey American Dance Company.

PASIG Nominations and Bylaws Update

The Orthopaedic Section is in the process of revising the guidelines for SIG Bylaws, so that there is consistency among groups. Therefore, our bylaws, nominations, and elections are on hold until these changes take place. As a result, there will be no elections held at CSM '97.



MEMBERSHIP REGISTRATION

If you'd like to join or are already a member of PASIG and haven't done so already, please send in an updated registration card. (While it is not necessary to be a member of the APTA or Orthopaedic Section to join PASIG, only APTA-Orthopaedic Section members have voting privileges.) This is your last chance for 1996, to become a part of our national directory of performing arts practitioners. The PASIG Directory will be available for our members at the '97 CSM, and will be made available to performing artists, groups, and companies. Our PASIG Directory List will also be included in the updated IADMS Dance Medicine Resource Guide, an interdisciplinary international directory of dancers, dance teachers and dance medicine practitioners, and researchers. The deadline for registration card submissions is November 30, 1996.

Name: _____ APTA #: _____

Work Address: _____ Tel: _____

_____ FAX: _____

_____ E-mail: _____

Home Address: _____ Tel: _____

_____ FAX: _____

_____ E-mail: _____

Performing Arts Affiliation/Area of Specialty? _____

Orthopaedic Section Member Yes _____ No _____

Okay to put work address in a PASIG directory? Yes _____ No _____

Please send registration cards to: PASIG, Orthopaedic Section, APTA, 2920 East Avenue South, La Crosse, WI 54601

Performing Arts SIG Officers

President

Brent Anderson
Anderson Physical Therapy
2212 K Street, Suite 100
Sacramento, CA 95816
Tel: (916) 558-4949
Fax: (916) 558-4959
E-mail: brent@midtown.net

Vice President/Program Chair

Marshall Hagins
108 Prospect Street, #1
Brooklyn, NY 11217
Tel: (718) 488-1489
Fax: (718) 780-4524
E-mail: mhagins@titan.liunet.edu

Secretary

Shaw Bronner
90 8th Ave., #11B
Brooklyn, NY 11215
Tel: (212) 752-4021
Fax: (212) 752-4029
E-mail: CVB8@columbia.edu

Treasurer

Jennifer Gamboa
301 Davis Ave. SW
Leesburg, VA 22075
Tel: (703) 522-1161
Fax: (703) 522-1617
E-mail: Jenn526@aol.com

Nominating Chair:

Marika Molnar
Westside Dance Physical Therapy
2109 Broadway, Suite 204
New York, NY 10023
Tel: (212) 787-0390
Fax: (212) 799-0209
E-mail: none available

Advisory Member

Sean Gallagher
159 W. 73rd Street
New York, NY 10023
Tel: (212) 769-1423
Fax: (212) 769-2368
E-mail: pending

PAIN

Are you in pain? If the answer is "Yes", then you are not alone. More than 75 million Americans suffer from chronic pain. This is pain that has persisted over six months. While most chronic pain is not terminal, it will disrupt one's life to an extent that he or she feels that they have no life.

Chronic pain impacts an individual in virtually all areas of living: physically, behaviorally, vocationally, and socially. It is estimated that approximately 30-100% of chronic pain victims also experience some level of depression due to the constant pain.

The disease of chronic pain extends beyond the sufferer. Family members are emotionally affected as they watch a loved one hurting and are unable to help ease the pain. Families may be financially affected. Medical expenses often soar, or loss of income may occur, if the pain victim is unable to work at their normal level or usual occupation.

The economic impact of the disease reaches into the business sector, both public and private. The expense of medical diagnostics and treatments, compensation for lost wages, lost productivity, and personnel replacement costs, drive up the cost of products and increases insurance rates.

Federal and State programs such as social Security Disability Income and Workers' Compensation Insurance burden our tax dollars. The most significant findings of the insurance industry research is that the number of chronic pain victims is increasing each year.

I have been in the field of physical therapy since the mid 1960's, licensed as a private practitioner since 1973, and for

the past 13 years I have specialized in treating patients with chronic pain.

Throughout the years approaches to pain and pain management have changed. There was a time when the most progressive medical minds of the day believed that the mind and body had nothing to do with each other. Today we know that it is as far from the truth as one can travel.

God made us in His image and created a wonderfully orchestrated body. Sometimes, however, things go amiss, and we have pain. I believe, however, as Renee Rescartes wrote, "My thought compares a sick man and an ill made clock . . .," they can both be repaired.

Pain is divided into two categories: acute, which is pain that persists less than six months, and chronic, which lasts longer than six months. The first thing that pain sufferers need is support—emotional, physical, and spiritual. Remember, one cannot separate an integrated system.

Treatments by medical professionals and home exercise programs help relieve pain but many pain victims are unable to return to active lives. Let's join minds and hearts to fight and find a solution to the enigma of pain.

"Pain does not have to be a way of life."

If you are experiencing pain or need information on treating painful conditions, write to me at the Orthopaedic Section, ATTN: Tom Watson, MEd, PT, and I will address your concerns.

Tom Watson, MEd, PT

Program at CSM February 14, 1997 at Dallas, Texas

Speakers start at 8:00 a.m.

Functional Capacity Evaluations and Pain Physiology
Joe Kleinkort, PhD, PT and Tom Watson, MEd, PT

Business Meeting at 11:00 a.m.

- Upcoming possibility of continuing ED program
- Elections
- New discoveries in pain management
- Newsletters

If you are interested in joining the Pain Management SIG, call the Orthopaedic Section at 1-800-444-3982 or me, Tom Watson, MEd, PT, your Pain Management SIG Chairperson, at 1-619-291-6282.

Remember — "Pain does not have to be a way of life!"



THE ORTHOPAEDIC SECTION, APTA, INC.
and the
Orthopaedic Section Foot & Ankle Special Interest Group
present:

1997 Combined Section Pre-Conference Course FOOT ORTHOSES: THE SCIENTIFIC BASIS AND CLINICAL CONCEPTS

Wednesday, February 12, 1997 - Dallas, Texas

COURSE OBJECTIVE: The participant will learn the scientific basis for the use of foot orthoses and current clinical concepts in the design and prescription of foot orthoses.

INSTRUCTIONAL LEVEL: Various

SUBJECT CODE: (12)

MORNING SESSION: The Scientific Basis for the Use of Foot Orthoses

- 8:00-8:15 Introduction
8:15-9:15 The Basis for the Use of Foot Orthoses: Functional Foot Mechanics
Thomas McPoil, PhD, PT, ATC
9:15-10:15 The Premise for Abnormal Foot Function: *The Typical Pattern of Foot Movement During Walking*
Mark Cornwall, PhD, PT, CPed
10:15-10:30 BREAK
10:30-11:30 The Essential Elements of Foot Orthoses Design: *Pathomechanics Affecting Foot Movement*
Robert Donatelli, PhD, PT, OCS
11:30-12:30 Determining the Optimal Foot Orthoses Prescription: *The Foot and Ankle Examination*
Michael Wooden, MS, PT, OCS
12:30-1:30 LUNCH (on your own)

AFTERNOON SESSION: The Design and Prescription of Foot Orthoses: Three Clinicians Viewpoints

- 1:30-2:30 First Clinician - Robert Donatelli, PhD, PT, OCS
2:30-3:30 Second Clinician - Michael Wooden, MS, PT, OCS
3:30-3:45 BREAK
3:45-4:45 Third Clinician - Thomas McPoil, PhD, PT, ATC
4:45-5:45 Panel Discussion with Questions from the Audience
5:45-6:00 Summary and Adjourn

TUITION:
Orthopaedic Section Members: \$125.00
APTA Members: \$175.00
Non-APTA Members: \$200.00

Cancellation received in writing prior to the course date will be refunded in full minus a 20% administration fee. Absolutely no refunds will be given after the start of the course.

To register, complete the form below, detach and mail to: Orthopaedic Section, APTA, Inc., 2920 East Avenue South, La Crosse, WI 54601, 800-444-3982, or FAX registration and VISA or MasterCard number to: 608-788-3965.

FOOT ORTHOSES: THE SCIENTIFIC BASIS AND CLINICAL CONCEPTS

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ APTA I.D. No.: _____

Enclosed is my registration fee in the amount of \$ _____

Make checks payable to the Orthopaedic Section, APTA, Inc.

Orthopaedic Section Member Visa/MC (circle one) # _____

APTA Member Non-APTA Member Expiration Date _____

Check here if you have special needs that are regulated by the Americans with Disabilities Act. Signature _____



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